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A CHRISTIAN THEOLOGICAL APPROACH TO CLINICAL PASTORAL TRAINING

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CLINICAL pastoral training was born in the 1920s in the heyday of American theological liberalism. The date, to be exact, on which the Reverend Anton T. Boisen first took theological students in training at the Worcester State Hospital was the summer of 1925. The next two decades in the life of clinical pastoral training were marked by rugged individualism and much rebellion. The training movement centered around first one, then another, then several personalities—Boisen, Cabot, Guiles, Dunbar, Dicks, Hiltner. The movement had a tendency to split apart frequently and to re-form itself anew around successive guiding spirits, sometimes amid high dudgeon. That is common in any pioneer endeavor.

Coupled with this were the constant rumblings of personal rebellion among students and supervisors. Clinical pastoral training was a radically new emphasis in theological education, and it is not surprising that it attracted to itself rebellious souls with strong needs to revolt against conventional concepts of the ministry and traditional credal formulae. Clinical pastoral training was like strong yeast. Small wonder that from time to time alarmed reports circulated in the Church about its hasty mixtures, near-explosions, and occasional half-baked products. But some of the

rebellion was certainly warranted, and it helped clear the way for later healthy growth.

The Present Situation of Clinical Pastoral Training and the Theological Challenge Confronting It

Now, after twenty-eight years, clinical pastoral training is beginning to come of age. In the last five years it has settled down to the slow, hard task of defining its standards, clarifying its goals, specifying its methods, regularizing its procedures, and (not least) balancing its budget. In this process some of its heady exuberance may have been tamed; but none of its basic dynamic as a significant emphasis in theological education has been lost.

The concepts of clinical pastoral training have been born, and they have won their initial struggle for survival. The organizations engaged in clinical pastoral training can look back on a steady, constantly increasing number of training centers and body of students in training. The whole organized movement is still small, embracing among the several training bodies not more than forty training centers and at most four hundred students in the most recent calendar year. But its numerical strength is greater each year than in the year before. When organizations codify their operations after twenty-five years of activity they say, in effect, that they mean to stay in business. Furthermore, the initial tendency of various training groups and supervisors to split apart and to follow their independent paths is gradually being reversed, so that the movement as a whole is becoming more unified.

One important result is that those engaged in clinical pastoral training are beginning to raise questions about the basic theological issues underlying their training activities. These are questions which some theological educators and Church leaders have already been asking about clinical pastoral training. As organized training groups continue to demonstrate to the Church their vigor and their stability, there are questions which increasingly insist upon being answered—to the mutual satisfaction of both seminary faculties and training supervisors—if clinical pastoral training is to be genuinely accepted and integrated into the life of the Church and its seminaries. This paper offers an approach in clinical pastoral training which is explicitly oriented toward Christian theology.

The Difficulties Involved in Meeting This Challenge

Clinical pastoral training is faced with the high privilege of discovering and communicating the relevance of the eternal Gospel of Jesus Christ to the rapidly developing sciences of human relationships: in the mental hospital to psychiatry, psychology and social work; in prisons to penology and sociology; in the general hospital to physical medicine (with its wide range of specialties) and to nursing. It is a considerable group of related

professions (and not all have been mentioned here), each with its own history, vocabulary, and methods, to which the clergyman who wishes to be a supervisor of clinical pastoral training must relate the Gospel which he is called to preach. Even when one limits the area of his ministry to just one of the three major institutional situations, he must still relate the Church's teaching and life to several separate secular professional disciplines.

The task is a big one. The clergyman ministering in such a situation must be familiar with the history, the concepts, the vocabulary, and the methods of the several professional groups with which he works. If he does not speak the language of the psychiatrist, the internist, the surgeon, the psychologist, the social worker, or the nurse, at least he must be able to understand it. And, in keeping with the Christian way, the institutional chaplain or training supervisor must be willing to take the first steps, to go the second mile toward interprofessional communication and understanding before expecting his colleagues in other professions to return the courtesy. When the clergyman thus takes the initiative in reaching out for an understanding of the viewpoint of his professional colleagues in other disciplines, far more often than not they will respond with a serious inquiry, or at least a courteous interest, in his viewpoint and his estimate of the Church's contribution to the total welfare of the patient or inmate. Psychiatrists, physicians, psychologists, social workers are not necessarily indifferent or hostile to the Christian faith and life. They do quite naturally resent criticism of their discipline, to the mastery of which they have devoted many years of preparation, by those who know little or nothing of their viewpoint. Clergymen as well often feel the same resentment at being unjustly criticized and misunderstood. So it is that an interdisciplinary stalemate can result. But, as ambassadors of Christ, it seems our responsibility to take the initiative and to make the first steps toward interprofessional understanding to the end that the reign of Christ may be extended.

The converse of this stalemate seems to be the circumstance in which some students and supervisors in clinical pastoral training have more readily found themselves. In clinical pastoral training the exciting, relevant, and often decidedly constructive teachings of some of these other disciplines are often first opened to the wondering eyes of the student. Horney may make more sense to theological students than Barth, and, furthermore, her books may well be of real positive help in some of their daily problems of living. A theological student in training may find a series of personal counseling interviews with a skilled social worker or psychiatrist much more constructive and beneficial to him personally than all the well-meaning efforts in that same direction by his home pastor. Under such circumstances one is not surprised to find some theological students leaving clinical pastoral training much more enthusiastic about the therapeutic value of dynamic psychiatry than about the redemptive work of Christ.

This same attitude may be more pronounced in the chaplain-supervisor, who has had a more extensive training in the other disciplines and a more prolonged working relationship with their professional representatives on the institution staff than has the beginning student in training. It is not easy to become adept in two learned professional fields at once without tipping the balance to one or the other. Furthermore, the clergyman who enters the pioneer work of supervising clinical pastoral training, and who prepares himself therefor by a serious study of one of the allied disciplines sometimes meets with suspicion from his fellow ministers in the parish. The pioneer's task is a lonely one that is frequently misunderstood, even by those who should be best prepared to understand it. Small wonder that some supervisors of clinical pastoral training respond defensively by an over-zealous enthusiasm for their newly acquired insights and skills, and a certain indifference to the older pastoral approaches. So the phenomenon of the chaplain-supervisor who has "gone overboard for psychiatry" can be understood, even if it cannot always be excused.

And the clinical pastoral training supervisor who thinks of himself as a lay psychotherapist or an amateur clinical psychologist (even though his thorough training warrants the assumption) is as suspect among medical psychiatrists and professional psychologists as he is among his fellow clergy. The difficulties some chaplain-supervisors experience with their institutional administrators in carrying out their training programs are not due entirely to the administrators' limited understanding of the chaplains' goals. Institutional administrators quite rightly expect the chaplains who supervise clinical pastoral training in their institutions to be well trained, both in the Christian ministry and in the area of specialization of the particular institution. But administrators quite rightly suspect the chaplain-supervisor who functions as a lay psychiatrist or as a social worker in clerical garb.

The Basic Issue of the Challenge

In spite of all these attending obstacles, if an explicitly theological approach to clinical pastoral training is to be formulated, those who supervise training must think first, last, and always of themselves as pastors, as clergymen, as ministers, or priests in the Church of Christ. Indeed, it seems that only as the chaplain-supervisor thinks of his role as basically pastoral and religious will he view the effort to approach clinical pastoral training from a theological viewpoint as an important and a necessary task. It is the whole *gestalt* of the supervisor toward his ministry, his basic conception of his role in supervising training, that is at issue in this approach. If the supervisor views his pastoral role as incidental and his psychiatric orientation as primary, then clinical pastoral training will be only incidentally relevant to Christian theological education—no matter how interesting and valuable it may be as a clerical excursion into the world of psychiatry. It may be a commendable clinical training, but deplorable clinical *pastoral* training. If, on the other hand, the supervisor

views his pastoral role as primary and the insights of psychiatry as valuable adjuncts thereto (but no more), then clinical pastoral training will be profoundly relevant to Christian theological education, and so to the wider life of the Church. No matter how great the obstacles may be, all that is at stake makes the task of formulating a theologically oriented clinical pastoral training one of surmounting importance.

One expression of this pastoral, theological approach to clinical pastoral training is in the language which is used to describe the goals and the processes of training. A return to theological terminology is greatly to be desired, not because of any clerical exclusivism or pride in possessing our own vocabulary, but because theological terminology can express these goals and processes more accurately and profoundly than any other vocabulary. And theological terminology is that in which the minister is (or should be) best trained and most at home. For example, "redemption," with its great Christological import, is greatly to be preferred to "therapy." "Therapy" may be (and often is) an aspect of redemption, and it may further the work of redemption, but redemption is a far more profound and inclusive term. "Sin," with its fundamentally theological import, is preferable to "maladjustment" or "neurosis." Certainly some neuroses are the result of sin (in the parents, if not also in the person himself). But, again, "sin" is the more inclusive and profound term. And if one looks for the psychiatric "equivalent" of such central Christian terms and concepts as "grace," "eternal life," "faith-union," or "resurrection," to mention only a few, he searches in vain.

The Purpose of This Essay

It is not the purpose of this essay to formulate *the* theological approach to clinical pastoral training, as if there were only one theological outlook consistent with clinical pastoral training, or as if all who had had extensive training should emerge from the experience with the same theological orientation (insofar as this training *was* relevant in some way to the development of their theology). Such assertions are far from true. There are chaplain-supervisors whose personal theological positions range from the broadest liberal humanism approaching a Unitarian Christology, through classic Protestantism, to a moderate neo-orthodoxy on one side and a fairly orthodox Anglicanism on the other. And yet all are supervising clinical pastoral training, in one sense of the term or another. It is possible for a supervisor to hold any one of a number of theological positions within a fairly broad range and still conduct training programs which are rightly called clinical pastoral training, according to an accepted standard definition of the term.

Although the range of theological positions compatible with clinical pastoral training is broad, there are limits. One limit is revealed in the fact that the most widely accepted standards require that those accredited as supervisors be graduates of accredited theological schools, and ordained

clergy in good standing in recognized religious bodies. Clearly, at the least, the supervisor of clinical pastoral training must be a duly trained and ordained clergyman. But, some further definition of these limits may well be in order, if supervisors are to be clergymen in more than name only. They must be in word, deed, and attitude pastors if the training they supervise is to be rightly described as both clinical *and* pastoral.

This essay presents one approach to clinical pastoral training in which a specifically Christian theological orientation is central. It is hoped that the approach to training described here is consistent both with the standard definition of the nature, methods, and goals of clinical pastoral training and with a classic Christian theology. While this approach stems chiefly from experience in supervision in the mental hospital, it is hoped that it will prove equally relevant to training in prisons, general hospitals, or parishes.

Three Goals of Christian Education

Clinical pastoral training in its narrower sense has limited goals which refer specifically to training in the principles and methods of pastoral care. But in its broader sense clinical pastoral training, along with all professional theological education, is properly included as a part of Christian education. In the broadest sense, then, the general aims of Christian education are also the general aims of clinical pastoral training. The Reverend Gardner Monks has written a splendid definition of three general aims of Christian education.¹ The three goals he defines are: (1) factual knowledge, (2) Christian character, and (3) Church fellowship. Any program of Christian education must equally stress all three goals, which Canon Monks likens to the three legs of a stool. If the stool is to be level, all legs must be of equal length. We affirm the goals he defines by saying that a clinical pastoral training program, if it is to be truly an aspect of Christian education, should put equal stress on all of the same three goals.

Factual Knowledge

There are, naturally, some restrictions and limitations. Clinical pastoral training involves the teaching of factual material, but it is not the whole curriculum of a theological seminary. The facts of Biblical history, criticism and exegesis, of Church history, of historical and systematic theology—to mention only a few departments of theological learning—are rightly to be taught primarily in the seminary. It is assumed by the supervisor that his students have some familiarity with some of this factual knowledge. Ordinarily only students who have satisfactorily completed at least one year of study in an accredited theological seminary

¹ Gardner Monks: *The Church Looks Ahead to the New Curriculum—Specifications*, published by the National Council of the Protestant Episcopal Church, pp. 32-39.

are accepted for clinical pastoral training. But clinical pastoral training does offer at least an introduction to certain bodies of factual knowledge which are relevant to the pastoral ministry, such as principles of abnormal and social psychology; individual mental mechanisms and group dynamics in the healthy as well as the pathological personality; methods of individual pastoral care, and group work; specifically religious resources (such as prayer, Scriptures, sacraments) in the ministry to the sick, the socially deviant, the aged, and the dying. In addition, it offers abundant factual clinical data which illustrate and provide practical applications for other departments of theological learning.

Christian Character

The second broad goal in clinical pastoral training is the development of Christian character (which is by definition redeemed character in constant process of redemption). The supervisor who is primarily a pastor will be deeply concerned that the months during which his students are in training under him will be for them a time when their whole personal spiritual life will grow stronger. It may be assumed that most students entering clinical pastoral training will already have entered into Christian experiences which have had some salutary effect on the development of Christian character in them. There will be some real perception of the sovereignty of Christ, or some faithful relationship with God, or some experience of the guiding of the Holy Spirit, or some experience of a more abundant, redemptive fellowship in the Church—or else the student would scarcely be where he is, namely, in a theological seminary preparing himself for service in the Christian ministry. Clinical pastoral training can assist in the nurture of true Christian character by creating such an atmosphere in the total life of the training program that students' awareness of the reality of God's redemptive love may be increased, their insight into the inner motives of their own behavior may be sharpened, and their discovery of God's will for their daily lives and their moral decisions may be deepened—to mention only a few aspects of this goal.

Many applicants for clinical pastoral training recognize that this is a possible goal for themselves in training. And often they recognize it more clearly than do some supervisors. Such students seek out clinical pastoral training in response to some vague (or possibly clear-cut) inner awareness that all is not well in their relationship to God, to their fellow men, or to themselves. They quite frankly admit that they have come into training "because they want to be 'helped' personally." If contributing to the formation of true Christian character does not include "helping" students with their personal problems in the light of the Christian faith, then what does it mean? The goal of nurturing positive Christian character is equally relevant to the more "stable" student who does not at first express any pressing spiritual concern. There is no Christian theological student so far advanced in the process of sanctification that he

cannot profit spiritually by the opportunity to discover new aspects of the "old Adam" in himself and to seek God's redemption of them.

Indeed, simply bringing students into an institutional training center where there are patients in the midst of major life crises can itself constitute a spiritual crisis for the student in which his own finite humanity and his total Christian outlook are thrust into awareness. If the institutional setting does not do this, then the close personal relationships within the training group, or with the chaplain-supervisor may constitute an equally great threat to the student, precipitating a spiritual crisis of some sort in him. This should be clearly understood in advance by the supervisor, and, if possible, by the students as well, for these threats can be either a very great obstacle, or else a tremendous asset, in the nurture of Christian character. If these spiritual crises are precipitated in a non-redemptive context, or out of hostile motives, they can be tremendously destructive of Christian values and attributes. If they occur in the context of a redemptive corporate life, undergirded by incarnate expressions of love, honesty, forgiveness, and forbearance, they can be of equally great value in furthering the growth of Christian character in both the student and the supervisor.

If clinical pastoral training is successful in this goal, then students should leave the experience with an appreciably deepened sense of sin in their own lives (i.e., a deeper sense of how far they are missing the mark of whole-hearted love for God and for their fellow men) as well as with a significantly heightened hope because they have experienced more profoundly the reality of God's redemptive grace at work in their own sinful hearts and lives.

Church Fellowship

The third general goal in clinical pastoral training is its contribution toward strengthening the life of each student in the corporate life of the Church. Again, it can usually be taken for granted that every theological student is officially, at least, a member of some Christian body. Most recognized theological schools require before a student matriculates that he be a member of some organized Christian body, if not officially accepted by it as a candidate in training for its ministry. The corporate Church life which the student has already experienced in his home parish and in his seminary should be continued and (hopefully) extended in the process of clinical pastoral training.

There are at least two ways in which clinical pastoral training is in an especially favored position to accomplish this goal. Clinical pastoral training always involves small groups of students numbering not less than three nor at most eighteen or twenty. No student may take his initial quarter of training apart from a group of at least two or three fellow trainees. And no chaplain may supervise more than six or seven students at any given time. The former standard recognizes the vital

importance of training, in the initial quarter at least, in a corporate setting. The latter standard ensures the possibility of a far deeper and more intensive corporate life in training than is usually possible either in the parish or in the seminary. Secondly, clinical pastoral training provides an opportunity for an ecumenical corporate life, such as is virtually impossible in a denominational parish or seminary. A student should leave a training experience which has been effective in this goal quickened to the profoundly redemptive possibilities of the corporate Christian life in his own communion, and with a deeper appreciation of the viewpoint of his fellow Christians in other communions.

Three Essential Relationships in Clinical Pastoral Training

These three comprehensive goals in clinical pastoral training are made effective through three basic relationships which embrace all the essential processes in training. All three relationships express a basically pastoral and theological orientation. It is from these three overlapping relationships that much of the factual data to be communicated in training arises. It is through participation in these three relationships that Christian character is nurtured and the redemptive corporate Christian fellowship expressed. They are, briefly: (1) The students' individual relationship with the chaplain-supervisor as their pastor, guide in training, and spiritual father in God. It is to the supervisor that the students are each directly responsible during their period of training under his supervision. (2) The students' relationships with each other and with the supervisor collectively as, so to speak, their bishop. The students are responsible for each other, and as a group they are responsible to the supervisor. This is the *koinonia*, as it were, the Church in microcosm in the training center. (3) The student's relationships as a pastor with a selected group of patients or inmates. These are the persons for whose individual spiritual ministry the student is primarily responsible during the period that he is in training, or during the period that they are under treatment in the institution.

Each of these three basic relationships merits extended consideration, since together they constitute the heart of the whole training experience.

The Student's Individual Relationship with the Chaplain-Supervisor as Pastor

It is the supervisor's privilege and joy to be to his students far more than a teacher, in the formal academic sense, or a psychological counselor, but to be, in the best sense of the term, their pastor. As such, it is the supervisor's task, to the best of his ability, to make incarnate in his living pastoral relationships with each student such divine qualities as love, acceptance, honesty, justice, patience, and forgiveness. Naturally, before

the supervisor can attempt to express these qualities in his supervisory relationship with students, they must first have become real, to some extent at least, in his own life. So that the process really begins with the supervisor's own spiritual life, and especially with the depth, the maturity, and the vitality of his own relationship with God.

The chaplain-supervisor can scarcely expect to communicate in his relationships with others what he has not first experienced himself. Indeed, this seems to be basic in all Christian living. Clinical pastoral training assumes that the knowledge gained from living human relationships is—in pastoral matters, at least—far preferable to the study of verbal or written descriptions of these realities. Of all theological studies, pastoral care is the one par excellence which can be best pursued from current human relationships.

It is not necessarily the specific material brought up and discussed in these individual supervisory pastoral conferences that gives them their uniquely pastoral quality. It is the whole orientation of the relationship that makes the difference. And this is primarily determined by the chaplain-supervisor himself. Thus, some of the problems that the student may present from his pastoral relationships with patients might resemble those presented by a student of social work to his case-work supervisor, except that in clinical pastoral training the whole realm of values to be conserved is religious, particularly Christian, and the whole motivation basically theo-centric. To the social worker the Church may be little more than a "community resource," and a person introduced to it primarily as an aid, say, to "socialization," so that he may find some personal meaning through acceptance in its group life. This is all desirable and true enough, as far as it goes. But it does not go nearly far enough for the Christian minister, to whom the Church may well be the truly redemptive community, the living Body of Christ through which God's grace is really communicated to human need.

Similarly, some of the personal problems which the student may discuss with the supervisor in these individual pastoral conferences may be the selfsame ones that he might present to a psychotherapist or a psychological counselor. But that does not necessarily make the supervisory relationship essentially a psychotherapeutic counseling process (unless the supervisor's orientation gives it that slant). The supervisor certainly needs to be the master of much psychiatric skill and knowledge. But in addition, as a Christian minister he may well have in the background of his student relationships basic Christian doctrine about which the secular psychotherapist knows little—and may care less. To the chaplain-supervisor the student may be looked upon as a creature of God, whom Christ came into the world to save, and for *that* reason the student is seen as both needy (i.e., a fallen creature) and also worthy of high respect.

Thus, it is not the specific material brought for discussion in the relationship that makes it uniquely pastoral, but the whole orientation of the

pastor and student, their motivation, and the long-range goals toward which the process tends. The motives of the chaplain-supervisor may stem from such Christian bases as these: gratitude for the redemptive work of Christ in his own life; a desire to serve and honor God by entering into honest relationships of love with his fellow men; an awareness of the ministry of reconciliation that has been committed to him; a desire to be, to the best of his ability, a channel of God's grace, so that the Holy Spirit may use him to mediate some of God's creative, redemptive power to the specific needs of the students entrusted to his pastoral care; a recognition that relationships created in time in this life endure to eternity, so that, in the providence of God, relationships formed during the three brief months of the training period may well have eternal significance.

The methods used by the chaplain-supervisor in this pastoral relationship will certainly include many of the most widely approved methods and insights of secular psychological counselors. But, because it stems from the Christian faith and is expressive of the Christian life, it will include a great deal more. In his effort to understand his own situation (i.e., his own personal limitations, bias, etc.) as well as that of the student, the chaplain-supervisor must be as wise and as adept as the best secular psychotherapists. He will have much to learn from them in order to know best when to speak and when to remain silent, how to reflect, how to distinguish feelings from content, what to interpret, when to direct the conversation and in what direction to shift it, how to start the conversation and when to stop it.

But the chaplain-supervisor's counseling technique goes beyond these particular skills and insights. As a pastor he thinks of these skills as means by which he may become a better channel of God's grace to the needy spiritual situation of each student or parishioner. The Christian pastor as supervisor is vitally concerned with Christian moral and spiritual values. He dare not blink at them without running the risk of emasculating the Christian ministry which is committed to him. The neutrality of many secular psychotherapists on moral issues is proverbial. No matter how virtuous they may be in their personal lives, professionally in their offices many of them are officially amoral. Such a stand is inconceivable for the Christian pastor. God's moral law cannot be excised from the Christian faith and life. Certainly Jesus' summary of the Law, for example, is to be constantly affirmed in the supervisory pastoral relationship—in deed, if not always in word. And the moral qualities of Jesus' human life are to be constantly emulated by the supervisor in all his relationships. There come times in the individual pastoral conferences when it is altogether right for the supervisor to say, in effect, "This is good," "This is evil," "This is to be strived after." A closer, more lively saving relationship of faith with God is always to be striven for. An honest life of love and service to our fellow men is always to be striven for. Every obstacle to living a life of love for God and for our fellow men is evil. When it comes to such matters the chaplain-supervisor cannot be "non-

judgmental." At such points he quite rightly takes a moral stand. At the same time he must always do so in a positive, constructive spirit of love. The supervisor's pastoral method is still principally one of active, participant prayerful listening. But the judicious loving affirmation of moral values has a very real place in the redemptive pastoral relationship.

The pastoral supervisor must constantly focus his attention in two directions: on the concerns which the student is struggling to express, and on the abundant power of God in Christ which alone is sufficient to meet those concerns. For the supervisor each individual conference can be a time of constant prayer—of thanks to God for being entrusted with this high privilege; of humble confession of his own very limited ability to execute this responsible task; of entreaty for the guidance of the Holy Spirit so that not man's will but God's may be done in and through this relationship. Thus conceived, the individual pastoral conference can become a truly sacramental process. It can be the pastoral sacrament in which inward spiritual realities become incarnate in living face-to-face relationships.

Obviously, such a relationship cannot be forced upon any student. It can only be offered as honestly, as freely, as lovingly, and as patiently as possible. In all likelihood, not every student will be able to respond by entering a pastoral relationship at this level with the supervisor. In that event the chief goal of the relationship may be an effort to discover why this is so, what the obstacles are, to the end that when the next such pastoral relationship becomes available the student may be able to enter into it more fully. At the same time, the supervisor, because of the many defects in his own spiritual life, will certainly not be able to offer such a relationship to every student whom he accepts for training. When that occurs (as it will, all too frequently) it should be the occasion for real soul-searching on the supervisor's part, to the end that he may be a better pastor to the next students who come to him.

Finally, while it is the chaplain-supervisor's joyous privilege to be a channel of God's redeeming grace, the supervisor is never the Redeemer. This is a work which the supervisor cannot possibly do by himself. Salvation is of God. Insofar as truth (about God, about others, about one's self) is revealed in and through this pastoral relationship, it is God's truth which He has granted the student and/or the supervisor to know. Insofar as there is any real growth in Christian character in and through this pastoral relationship, that new life is of God—to which the supervisor has contributed nothing but a bit of nurture. Insofar as this pastoral relationship bears fruit in a more meaningful life in the Christian Church, this is the saving gift of God, revealed in Christ, communicated to each person by the Holy Spirit. So the individual supervisory relationship can be a very real aid in furthering all three goals of Christian education, and it can do this through uniquely Christian processes.

The Students' Corporate Relationship with Each Other and with the Chaplain-Supervisor

Happily, clinical pastoral training is not a solitary process between the individual student and the supervisor. It may be such for occasional advanced students in training for specialized goals, such as the institutional chaplaincy, or eventual accreditation as chaplain-supervisor. But for the student in his initial quarter of training this is always a corporate process. These corporate relationships within the fellowship of the training group, and to the supervisor as a group, constitute the second basic training relationship.

Not too many years ago the corporate training activities under the direction of the supervisor consisted principally of seminars in which written case histories (prepared by students or supervisors in previous years, or to a lesser extent by the students currently in training) were discussed. The purpose of these case history seminars was chiefly to elucidate from actual clinical data the dynamics of human behavior, mental mechanisms, the cause and treatment of certain mental and physical disorders, and the contribution of the pastor in their prevention and treatment. It was a teaching method taken over from medicine and psychiatry. And it was (and still is) a useful means of teaching basic factual data of pastoral care.

From time to time these case history discussion seminars were supplemented by lecture-discussions, and more recently by discussion of audio-visual presentations of psychological case histories. Regardless of the means of presentation, the purpose was, in the main, factual and academic. To a certain extent these teaching methods continue to be used in most clinical pastoral training centers. It is certainly one function of clinical pastoral training to present a particular body of factual data. Apart from these organized activities, group relationships consisted of informal, spontaneous activities, such as bull sessions, etc.

However, recently it has become apparent that in this corporate life of the group itself there exists a tremendous opportunity for furthering specifically Christian theological goals in clinical pastoral training. Part of this new emphasis on the group relationships has come through contact with the valuable pioneering work done by secular psychologists and psychiatrists in the fields of group therapy, group dynamics, and psychodrama. This, in turn, has led some chaplain-supervisors to a re-discovery of the whole meaning and value of some of the traditional ecclesiastical group activities.

The focus in organized group activities in clinical pastoral training has broadened, so that a place is now being found in them not only for discussion of the more academic clinical data (including notes and wire recordings of current pastoral visits conducted by the students themselves) that once was their sole concern, but also for a discussion of the immediate personal concerns of the students themselves in the group by the

group, under the general direction of the chaplain-supervisor. In some instances the clinical data under study have consisted almost exclusively of the life-stories and the current problems of the half-dozen men currently in training together. In other instances the two types of clinical data are separated and discussed at different times. But whatever the arrangement, all the organized group activities are under the constant general guidance of the chaplain-supervisor.

Such opportunity for discussion by the group of the students' own personal problems might seem to a psychiatrist like group therapy. But to the supervisor with an explicitly Christian pastoral orientation they are essentially a churchly, religious activity. Such group conferences are certainly nothing new in the life of the Christian Church. They have a certain resemblance to the Methodist prayer group, only with a great deal more psychological sophistication. They may also resemble the "cell group" found on many campuses, except that in clinical pastoral training the group is under the guidance of the supervisor, whereas most campus cell groups are usually leaderless. Furthermore, the corporate life of students in clinical pastoral training is strengthened in many centers by the fact that they live and eat together—though usually apart from the supervisor. In this respect the corporate relationships in clinical pastoral training differ from the type of life found, for example, in the Lisle Fellowship, where the whole group and its leaders usually live and eat together under the same roof.

As in the individual supervisory relationship, all three goals of Christian education are furthered through the group relationships. Factual information is presented to the whole group at once. Furthermore, the facts of group dynamics can best be learned and observed through participating in such a dynamic group life. Christian character is nurtured as the student explores with his fellow-trainees his own spiritual concerns (as well as theirs) and offers to and receives from his peers the comforting ministry of reconciliation and redemption. The whole redemptive corporate life of the Christian Church is vividly demonstrated in microcosm through this form of "the-Church-in-the-training-center." It is this third goal which is served preeminently through the group relationships, for there especially the grace of God is communicated through corporate channels. At the same time the group may well worship God together daily, and with the whole institutional community on Sundays.

With the corporate activities of the training group, as with the individual supervisory pastoral relationship, it is the basic orientation of the chaplain-supervisor that sets the tone of the program, and makes it uniquely an experience of the redemptive Christian fellowship rather than a clerical imitation of group psychotherapy. Here again, the chaplain-supervisor needs to know the techniques and the insights of the psychiatrist into group processes. The supervisor will constantly use his psychological skill in guiding the corporate meetings of his training group. He will realize,

for example, that if he offers reassurance prematurely, before the distressing concern has been fully expressed or explored, he will delay or hinder the ultimate resolution of the problem. But the supervisor, as a Christian pastor, will also recognize that because of the faithful relationship with God a much greater work is begun in and through the student group than he alone could possibly initiate. Each meeting may well begin with a silent or spoken prayer to the Holy Spirit for guidance of the group, so that He may be pleased to work in and through its corporate life. The group conferences can truly be an experience of a Spirit-led fellowship, opening in vitality large areas of the Christian life and faith.

Theological implications are constantly relevant in the course of the group's discussion. Interpersonal problems discussed by the group frequently illustrate a wide variety of Christian doctrines or Biblical passages. To the limit of his own Christian experience and insight the supervisor may be able to point up to the group these theological implications or Biblical parallels. Rather than arbitrarily relegating such discussion of specifically theological questions to one period in the quarter, the supervisor may well permit immediate discussion of them as they are raised by the students, insofar as such questions are not raised by students to avoid discussing more immediate personal concerns.

The corporate life of the training group can truly constitute an explicitly Christian *koinonia*, if not an *ecclesia* (in the more formal, institutional sense). Here is the fellowship of saints on a small, but very intensive, scale. Here is a progressive revelation of one's self to others, a dropping of defenses. Here is such a spirit of mutual trust and candor that each man is able to share with his Christian brothers his fears about himself and others, his resentments, the obstacles in his search for God and for real meaning in his own life, the sinful urges which vex his soul. Here is the honest criticism of one man by his brother—and often far more blunt and direct than the supervisor would ever dare venture. Here is the spontaneous outreach of love and encouragement by several men to the spiritual quandary of their brother (and often their combined efforts are far more effective in meeting his needs than the more skillful yet one-sided efforts of the supervisor). Here is the great comfort of discovering that one is not alone in one's spiritual struggles. Here is the combined impact of all the other trainees on a single student, which can often do far more to break through his defenses and reserves than the solitary but more authoritative efforts of the supervisor. By the same token, here are powerfully supportive bonds—which continue around the clock, through work and play—which can easily surpass the more limited individual support offered by the supervisor.

Here is, in short, an instance of the redemptive fellowship of saints who are being enabled (by God's help) in this fellowship to admit their human frailty and sinfulness, and also who are able to find themselves

communicating to each other's spiritual necessities in this fellowship, by the power of God.

The Student's Supervised Pastoral Relationships with Selected Patients (or Inmates)

The student comes to clinical pastoral training not only to grow in grace and faith and in knowledge of himself, but also to grow in knowledge of others, and to do so through seeking to minister to the spiritual needs of others under supervision. Clinical pastoral training is akin to religious field work, but it differs from field work in the extent and quality of supervision available. In this regard, clinical pastoral training is akin to the internship of the medical student, or the teacher's practice teaching, except that it has a much stronger corporate aspect, and of course it is the specifically pastoral functions which the theological student exercises in training, insofar as he can as an unordained minister.

It is the student's orientation toward his pastoral relationships with patients that sets their distinctively religious tone. It is partly the function of clinical pastoral training to instruct the students in the facts of the pastoral role and relationship. It is also the function of clinical pastoral training to provide an opportunity for the student to enter into a redemptive pastoral relationship with the supervisor, and into a redemptive Christian fellowship with his fellow students—to the ultimate end that the student may glorify God by better serving those needy children whom God will entrust to his pastoral care. That opportunity for Christian service, and for growth in faith, grace and knowledge thereby occurs in these supervised pastoral relationships with patients (or inmates).

The people to whom the student seeks to minister are in the midst of major life crises. The profound human crises of social rebellion are found in prisons; the crises of physical illness in general hospitals; and the crises of mental illness in psychiatric hospitals. It is a difficult, almost an impossible, task with which the theological student just beginning his clinical pastoral training is confronted. The impact on the student of this exposure to tremendous spiritual need is admittedly great. It might be a destructive impact if it were not for the strong supportive relationships open to the student with his supervisor and his fellow trainees. That is why it is so important for the supervisor to create such an atmosphere in the training center that these supportive relationships can develop rapidly and to the fullest. The power of this confrontation is also an important reason for taking great care in screening applicants for training. The impact may be greater than some students can constructively face at that particular stage of their theological education.

And yet, with all this, the impact is one to which theological students are advisedly and rightly exposed during their years in seminary. This early exposure to the deep spiritual needs of others will impress upon the student the magnitude and the gravity of his pastoral office. It will cer-

tainly provide for the student a wealth of factual clinical data into human psychological processes and problems. It may serve to confront the student vividly with hitherto unknown aspects of his own human nature, and thus further encourage the development of Christian character. It may move the student to seek with greater urgency a more saving faithful relationship with God, both directly in his private prayer life, and through the organized pastoral and corporate channels provided by the Church, thus furthering the third goal of Christian education. And it may challenge the student to reach out in Christian love and service as a channel of God's grace to the deep spiritual needs of those patients entrusted to his pastoral care. The student will be able to fulfill this challenge to the extent that God's redemptive power has become real in his own life. But this would be a well-nigh impossible task for many students if the supervisor himself did not strive to the utmost of his ability to make the whole training experience a redemptive one, through every available means—individual and corporate, pastoral and ecclesiastical.

In his pastoral relationships with patients the student will see writ very large all the tragic anatomy of sin, of separation from God and man, of a sense of personal worthlessness, and of a profound lack of real meaning and purpose in life. These are, of course, universal human phenomena. But among those patients going through major spiritual crises, to whom illness may truly be a life-and-death struggle, these universal phenomena are boldly delineated. Therefore, they may be more readily observed by the student in the patients whom he serves than in himself or in his fellow students. At the same time, once having observed these processes writ large in the sufferings of the patients, the student will be able to perceive them more readily in their subtler expressions in his own life and the lives of his brothers in training.

The student in clinical pastoral training has ample opportunity to observe, through his pastoral relationships with patients, the tragedy of sin and separation. By the grace of God, he may also have the joy of perceiving God's redemptive grace at work there; and he may know the high privilege that comes in striving to mediate that divine grace to human need. It is the student's privilege to proclaim the saving truth of the Gospel—in attitude, deed, and word—to his patients. And the student may know the joy that comes when he is able to step aside while the soul of the patient leaps up in faith to commune more directly with God, who is the source of all grace. He is faced with the same privilege, and he may know the same joy of ministering in his relationships with his fellow students and with his supervisor.

Thus, the dual processes of growing in grace and faith himself and of ministering to others in the hope that they may do likewise—the process, that is, of learning and serving (one might more accurately say, of "*learning through serving*")—are expressed in all three of the student's relationships in clinical pastoral training. His function as pastor to patients

is in constant reference to his own pastoral relationship with the chaplain-supervisor, and to the daily life of serving and sharing with his fellow trainees. The three basic training relationships, constitute one Christian process.

Conclusion

In the immediate foreground in clinical pastoral training are these three relationships. Every day each student spends some time in pastoral visits with patients. Each week all the students together spend anywhere from six to ten or more hours in a number of organized group conferences or seminars (not to mention countless additional hours in informal, after-hours discussions). At least once every week each student is able to have an individual conference with his chaplain-supervisor, to which anywhere from one to four hours may be devoted. The factual clinical data, the current processes and problems arising in these three concomitant relationships are the immediate matter for study and discussion in clinical pastoral training.

But in the background, behind these relationships, are the three broad goals of Christian education: the presentation of reliable, valid factual data; the nurturing of Christian character; and the strengthening of the individual's life in the Church, both as a corporate fellowship and as an historic institution. And these goals, of course, derive from the broad, deep base of Christian theology. By attitude, word, and deed, this Christian theological orientation constantly expresses itself in the immediate data of the training relationships. And it is a Christian faith and way of life which has digested and integrated into itself the best insights and methods of psychiatry.

It is the active, creative, redemptive God of all grace and truth who sustains this process from beginning to end. Clinical pastoral training so defined begins when the chaplain-supervisor responds in faith to God. It is from God that this teaching, healing ministry comes. When the goals of clinical pastoral training are thus defined, its chief end is realized when each student reaches out from the redemptive experiences of this life to the direct, faithful relationship with God, who is all in all. It is from God that the enduring fruits of training come.

Placed in such a context, clinical pastoral training can be faithful to the soundest insights and skills that it has learned from dynamic psychiatry, and at the same time be true to its greater loyalty to the abiding faith and practice of Christianity.

A RELIGIOUS STORY TEST: SOME FINDINGS WITH DELINQUENT BOYS

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MOST ministers who attempt to assist people in distress some time or another find themselves called upon to assist in a problem they do not fully understand. A man who is obviously troubled comes to the minister's study asking to be baptized immediately. A devout middle-aged woman stops the minister after the morning service to tell him in an apathetic manner that her prayer-life, which once meant a great deal to her, is no longer meaningful. An adolescent boy, who is an active member of the youth group, tells the minister that, while he enjoys the fellowship of the group, he is quitting because he feels forced to attend by his parents. Such problems are frequently indications of deeper underlying, complex difficulties with which a person is attempting to cope. The thoughtful minister will not attempt to give ready advice and answers to these questions, rather he will seek to understand the problem in its fuller meaning before attempting to give help. Learning what the underlying factors of the problem are is often a difficult task.

The pastor who has lived closely with his flock will have much information and understanding of its members gained through his observations, through visiting, counseling, calling at times of sickness or distress, performing the various functions of the church, and through the newer "ministry of listening." Each of these techniques, however, has some rather severe shortcomings as a means of learning about the deeper underlying dynamics of a problem. Ministers have not always had a long-standing relationship with the person needing help. Some evaluation of the problem needs to be obtained quickly. Even if one listens patiently and carefully, the person many times has great difficulty in bringing the real problem out in the open in an understandable way.

We at the Kansas Boys Industrial School also faced the problems involved in getting important information in the religious area. This was particularly true in cases of boys who came from homes where religion appeared to play a significant role in the dynamics of their problems—either in a positive or a negative way. In an effort to meet this problem we cast about for a method to assist us in our study of the delinquents in the re-

ligious area. Since our experience had shown us that the picture story-telling test was a fruitful one with our boys, we decided to develop a series of relatively ambiguous religious pictures. The picture story-telling test is one of several projective methods of studying the personality which has received increasing use in the last several years. These methods employ the principle that if you expose a person to an undefined situation, he is likely to behave in a manner reflecting underlying thoughts and feelings. These thoughts and feelings often are of essential importance to the person, but he cannot or will not communicate them. Common projective tests employing this principle are the ink-blot and the word-association tests.

While it is only in recent years that this principle has been formalized in the form of tests, it has been recognized and used by men of insight for ages. The Bible is full of incidents which point to the use of unstructured situations to test people. A very striking example comes from early Hebrew history in the selection of Gideon's army described in Judges: 7. After having tested the great mass of soldiers by asking them directly if they were afraid, Gideon then proceeded to test the alertness and military prowess of the remaining soldiers by an ingenious projective test. He asked the remaining soldiers to drink from the stream. Those who drank in a manner which enabled them to remain watchful were kept in the army, while those who dropped their vigilance were released.

This tendency of people to express the underlying uniqueness by their behavior in various unstructured situations also frequently holds true when a writer tells stories. We see many evidences of such projective evaluations made from Biblical literature, particularly from the Old Testament. Though we have very little biographical data about many early Hebrew writers, Biblical students have been able to piece together a clear picture of the quality of character possessed by these writers. This is particularly true of Isaiah, Job, Micah, and some of the other prophets.

It was our aim to make use of the projective principle by having the boy tell stories about each of a set of pictures which would be unstructured except that they depicted a religious situation. After experimenting with a number of possible pictures, the series of five described below were selected because they proved most fruitful.¹

1R—An adolescent white boy is kneeling by a bed with his hands covering his face.

2R—An adolescent white boy is sitting on a hillside looking at a small community in the valley in which the steeple of the church is conspicuous.

¹ These pictures may be procured from either of the authors at the Boys Industrial School, Topeka, Kansas.

3R—An adolescent white boy is walking on a sidewalk in front of a building which appears to be a church.

4R—An adolescent white boy is sitting at a table and an elderly man is reading from a book which appears to be a Bible.

5R—An adolescent white boy is sitting in a chapel looking at an altar on which are a cross, a candlestick, and a large book.

Beginning in the summer of 1950 the religious pictures were administered regularly to new boys upon admission to the school. Seventy-five consecutive cases were tested between then and the fall of 1951. All the boys were repeatedly delinquent, having been in court several times before being admitted to the school. All were white and between the ages of nine and sixteen, with a mean age of fourteen years. Most of the boys came from the larger cities of Kansas. Diagnostically, they represented nearly all the psychiatric diagnostic categories, with a predominance of character disorders. Their level of intelligence spanned the range from mentally defective to superior. The group included a cross section of the various Christian faith and denominational groups.

The test was administered along with a general battery of tests. The directions were simply: "I am going to show you a series of five pictures, one by one, and for each picture that I show you, I want you to tell me a story. As you will soon see, there is no right or wrong story or just one story in each picture, so do it in your own way." While these directions were given explicitly, a number of questions were always kept in mind: What is the situation? What led up to it? How does the person feel and what is he thinking? How does it turn out? If the subject did not include the answers to these questions in his story, the examiner would ask about them. Other questions were also asked in order to develop the full import of the subject's story. The stories were recorded verbatim. The tests records were evaluated from a clinical point of view.² That is, the stories were viewed as being meaningful and understandable manifestations of the subject's ideation. The stories were evaluated as a whole; also their outstanding trends and unique and different features were noted.

There follow three typical cases from our sampling of delinquent boys. These cases include some biographical material, religious test data, and evaluations of the data. The usefulness of the test data will be apparent, particularly in view of the general reticence of many delinquents in communicating their inner thoughts. Its usefulness in other situations needs to be determined.

² For further discussion of the evaluation of projective story materials see: H. A. Murray, et al.: *Explorations in Personality*; New York, Oxford University Press, 1938. David Rapaport, et al.: *Diagnostic Psychological Testing*, Vol. II; Chicago, Yearbook Publishers, Inc., 1946. Silvan S. Tomkins: *The Thematic Apperception Test*; New York, Grune and Stratton, Inc., 1947.

Case One

Biographical Material

G.L. is a short, chubby, round-faced, slow-moving, 14-year-old boy. He was returned to KBIS as a parole violator in 1950. This was the third time he had been returned to the school for the violation of his parole. During one of these parole periods G.L. lived at an Episcopal home for boys. Others were spent in his mother's home and with relatives. He was initially committed in 1945 for stealing, and this continued to be his offense while on parole. He was the youngest of three boys born to his parents. The father deserted the family at the time of G.L.'s birth and subsequently had not communicated with the family. To G., Mrs. L. described the father as selfish and as "having many bad habits." Although Mrs. L. remarried in 1951, she had many common-law relationships in the interim and bore three illegitimate children. G. grew up in this very disorganized atmosphere, suffering from social, emotional, and material deprivations. Nothing is known of his early religious experience. He had religious instruction for several months while living in the church-supported institution.

Test Data

Picture 1R: Here is a man and he is ready to go to bed and he has a headache and he doesn't want to go to bed and he is kneeling and asking God to take away his headache . . . He feels like he wants to get rid of that headache because it is hurting him real bad and he might be worrying a real lot too . . . That's all I can think of . . . [What happens?] He might get over his headache when he prays and takes some medicine for it afterwards . . . [He might be worrying?] Might be worrying about the war or something like that, [Something like that?] Maybe his mother got hurt in a car wreck, or his brother. [What reason might he have to believe they have a wreck?] They drive too fast on a slick highway and they might have a wreck—might be drunk drivers. [How does he feel towards his mother?] He likes her. [How does he feel towards his brother?] He likes him too. [Where did he learn how to pray?] In church he learned how to pray. [When did he pray?] At church services and when he was ready to go to bed and at meals. [What did he usually pray about?] Have the Lord to forgive his sins and have the Lord keep his mother from getting hurt. [How does he feel about prayer?] Pray so the people might be saved from getting hurt. [How does he feel about their getting hurt?] He doesn't want 'em to. [Earlier you mentioned sins. Praying about sins. Can you tell me more about this?] They might just have had some sins. They might have been doing during the day like drinking. [Anything else?] No . . . [subject shakes head and taps on chair]. [Any thing else?] I don't know.

Picture 2R: Here is a little boy and his mother had dressed him to go to church and the little boy thought he wouldn't go to church and while he was out there he could see the people going into the church and he said, "I'm lucky because I don't have to go to church this morning. I can just stay out here and take life easy under the trees." He laughs because the kids go to church and he thinks of Jesus and he feels sad because he never went to church this morning because God had made the world for all the people and

then he . . . the next morning he . . . after the church's services he went into the church to see if anyone was in there and then he told God that he was sorry that he never went to church and he goes home after church. The next morning one of his boy friends came and asked if he had been in church his mother said, "yes," and the other boy said, "no, I didn't see him," and the other boy he told his mother that he never went to church, that he went out on the hillside and that he felt real sorry about it and his mother said he would have to stay in because he never went and he was mad and then he went to church the next Sunday and every Sunday after that. [Why didn't he go in the first place?] Because he never feelled like going to church that morning and so he went out on the hill where nobody could see. [Why didn't he feel like it?] He had other things to do and his mother said he should. He wanted to do different things. [Like what?] Play ball, thought he could get out of going.

Picture 3R: Here is a high-school boy and he is getting ready to go to church. He is walking real slow and he wants to go to church. He goes inside and nobody has been there yet and he goes to the pew. Then he gets up and goes out of the church and when he comes out of the church, there are some high-school boys and they ride around in the car and then the church services are almost over. Then that boy gets out and he is too late for the services and then people begin coming out and he waits there at the door and then the minister comes out and he tells the minister he was here before anyone was there and then he went riding around with the kids from high school and then the priest said that's ok and tells the boy to be there next Sunday and he comes back the next Sunday and stays there for the church services and he waits for the minister at the door and tells the minister that he liked his sermon and then he goes home and he comes every Sunday after that. [Who was he riding with?] He never thought the church was over so he just went riding around with the kids for the fun of it and then he came too late for services and the minister . . . [What does he get out of church?] [What does it mean for him?] He liked the way the preacher told him about God and how God had died for our sins and he thought that he might like to be a minister some day. [Some day?] Cause he wanted to tell the younger kids what God did for him. [Might the minister remind him of anybody?] Remind him of his father . . . sometime after told about the word of God. He went to school and studied to be a minister and tell the kids about God. [What did he tell?] That he had suffered for us. [How did he suffer?] For our sins. [Sins?] Sins like if we do mean things or get to drink and if you drive a car and kill someone, that could be a bad thing and Christ died for our sins on Calvary Cross.

Picture 4R. Here is an old man, this little girl's grandfather, and they are getting ready to eat their supper and then the man is reading a verse out of the Bible and she's listening, a verse out of John and he said God so loved the world that he gave his only begotten son and that he saved for us, saved us from our sins, Christ died for all of us, and the little girl asked why God died for us and the grandfather said because we are all sinners and all that week we will have our sins forgiven and so and there are . . . and she asked why we had sins, and her grandfather told her we have sins because we do wrong things like drinking, killing people and doing wrong things, and then the little girl says, "Can I be saved?" The grandfather said, "Yes, tomorrow

we'll go to church and ask the priest if he will baptize you," and so they eat their supper, and she goes upstairs and kneels and asks the Lord if she can be saved and forgive her, and the next morning she got up and her grandfather told her to get dressed in her best clothes and then they got ready and went to see her mother, I mean the priest at the church and then the priest said she would have to learn catechism first. Then she could be baptized and confirmed. So she went back home and got her prayer book and started learning the catechism and she learned it and went over to her grandfather and had him help her and he went over the catechism with her and then the next day they go down to the church and the priest baptizes her and then after that she went to church all the time and they talked about in her Bible school about missionaries and she told her grandfather she would like to be a missionary and go to school so she goes down into the village and takes her missionary work. After a couple of years of missionary work she got a voyage to go and teach little foreign children about the word of God and she told some of the little boys and girls that if they would be good little boys and girls they might be baptized and get to heaven and she gave them prayer books and they went home and tried to learn their catechism and around in two weeks the missionary had one of the fathers come and confirm the little boys and girls and then the little boys liked their Sunday school teacher after that and this missionary started a little nursery after that and a little boy brought his sister and asked the missionary if she could have his sister baptized and she said, "yes," and they had her baptized. [Why might she have become a missionary?] Teach other little boys and girls about Christ and the way her grandfather had told her about God made her feel like she would like to tell other little boys and girls about God like her grandfather had told her about God and the Sunday school where she had learned about missionaries. [You mentioned something about her sins earlier. Can you tell me more about this?] Might have did things to her father—her grandfather . . . she never believed that there never was any Christ Child for our sins and she never believed it until he read that verse out of the Bible to her.

Picture 5R: Here is a Catholic boy setting in a chair thinking about what the church and cross really meant and he is spending his time doing nothing so the boy just looks and the church is real quiet, and walks around, starts thinking about the church, thinks about all the religions there are, and he goes into one of the other rooms and sees one of the other people like the Dean or the Father and he talks to them all about the church and the Father thinks he should be confirmed to their church because they need more members and he thinks he would like to get confirmed to their church and he asks the Father for the stuff you got to learn before you are confirmed and he goes home and studies about it for a couple of weeks then he comes back and gets confirmed and he helps with the people and the boys and the girls and he starts on a little recreation center and he is on the committee and finally he asked . . . he moves to another town and all the people hate to see him go and so all the people say they will miss him and he is gone a long time and one day he comes back and they are playing and they busted out one of the church windows and all the boys said this wouldn't do at all and so he wrote a letter and sent some money and he said to the preacher he was sorry that he broke the window and nobody knew he broke the window and when he was gone he studied to be a preacher and when he came back he was a special

guest and then he asked the other preacher to stand beside him and then he said he was the boy who broke the window and asked if it was as pretty as the old one and every one was surprised and then he went home and everybody was happy and he lived happily ever after.

Evaluation

This boy appears to feel somewhat guilty (there is considerable about sin and Christ dying for our sins), anxious, and worried. Latent aggressive feelings are indicated in his overconcern about the welfare of his mother. While a number of inferences might be drawn from this story, for example, an anxiety reaction to a concrete life experience, we have proceeded upon the hypothesis that it reflects underlying aggression and death wishes toward the mother. While this was evaluated independently, the case history substantiated this point. Psychosomatic complaints and some feminine identification are also reflected (headaches, 1R; sex misrecognition, 4R). His family experiences apparently have been difficult as he hints about an alcoholic mother and brother (1R) and describes a somewhat dominating, restrictive mother (2R). That things are difficult for him is implied in his feelings toward the mother and brother (1R: we are inferring reaction formation here).

Ambivalence is prominent in his feelings toward the church. In fact, feelings of ambivalence are prominent toward both the mother and the church. While the material does not reflect a definite relationship, the slip of the tongue on card 4R "to see her mother, I mean the priest" is suggestive. There is much to indicate this is a passive, dependent, immature, childlike boy (2R, 3R, 4R, and 5R). Note the frequent use of the phrase "little boys and girls" and also the number of times the boy in the stories "takes life easy," "spending his time doing nothing." Some positive thoughts and feelings that were manifest are: (1) feelings of inspiration resulting from some religious instruction (3R, 4R, and 5R); (2) a positive relationship with a minister (3R); (3) his fantasy to become a minister or missionary (4R); (4) his confidence in and dependence on prayer (1R); (5) the general "warm" feeling tone of what he has to say about the church; (6) his liking of ceremony and ritual; (7) his feeling of gaining acceptance, recognition, and status from the church (3R, 4R, and 5R). The negative feelings were prominent in story 2R, where he deliberately avoids attending church, and in 3R, where he leaves the church prior to the service.

Case Two

Biographical Material

H.C. is an alert, friendly, cooperative, 16-year-old white boy of average build. After having experienced considerable difficulty in the early part of his stay at the school, he became better adjusted. He was first admitted to KBIS in April, 1946, at the age of 12. He is the third of seven children, having three older brothers and three younger sisters. H.C.'s father died when H.C. was a year and a half old and the family has been supported by

state aid to dependent children since the mother's insurance compensation ran out in 1939. Two of the younger sisters are illegitimate and the mother is at present living in a common-law relationship with a man. H.C. became a community problem early in 1943 when he got into trouble with some older boys stealing chickens, bicycles, and money. There followed at that time a series of institutional and foster home placements along with some psychotherapy. During this time, H.C. was described as "disobedient, having temper tantrums, and running away." On admission to KBIS he was extremely aggressive and seemed to have a great need to hurt younger boys. After some time in KBIS his behavior improved in that the aggressive behavior greatly decreased and he seemed to have better control of his temper. He was then placed in an institution for neglected boys, supported by the Protestant Episcopal Church, where he stayed for nearly two years, being returned to KBIS when he became too difficult to manage. While in the church-sponsored home, H.C. received religious instruction. Nothing else is known about his religious background.

Test Data

Picture 1R: The boy is kneeling at the bedside ready to get into bed, saying his bedtime prayers before crawling in for a night's rest. He had probably wanted to thank God for something that had happened to him during the day, either bad or good. He is probably thinking back over the day's time for what he has done and what he hasn't done that he should have done. He was probably forgiven for all the things he did wrong and probably has the feeling of security if he'd done something he knew he should have done. He probably had the satisfaction of having said his prayers and maybe being forgiven or being praised for his day's outcome of all the things that he may have done. [H., you mentioned that the boy had done some good things during the day and made him feel good. What might some of those things have been?] Well, it may have been his satisfaction of some job that he had accomplished that he had been working hard for. [What sort of a job, for example?] Well, almost anything that somebody had asked him to do and which he may not have felt like he wanted to do but he went ahead and did it and afterwards he felt the satisfaction of doing it because he had fun in doing it, probably trying to help the person that asked him to do the job, or anything else that they had asked him to do. [Why might he not have wanted to do it?] Well, he may have been tired or he may have not just felt like doing it at the time. [Then you also mentioned earlier that he may have done some bad things, what did you have in mind?] Well, any kind of trouble, misdemeanors or around his, or in his home, out playing or something like that, he may have struck somebody, or something like that and he just wanted to, or felt like doing at the time and which now he feels sorry for doing it. [Well, he must have had his reasons for striking at the time?] Well, it's just probably a feeling that goes through anybody when they want to strike somebody. [Yeah, how might that come about with this boy? How might his actions of hitting a boy come about?] Well, the boy may have said something to him, or hit him first, or something like that and he just wanted to get even. [Where might this boy have learned how to pray?] Probably from his folks, or he's heard, gone to church, or something, and heard ah, thanking God for everything that has come about in the days, after all the

day's work and maybe sort of a habit, or maybe he just feels that he should. [What might praying mean to him?] Well, it could be it means the satisfaction of having fellowship with God and talking over things with him that happened during the day, or might help him some other time. [How did he feel God to be? How did he think God was?] Well, he probably can see that God is like anybody that would, maybe he could talk to in his own words and everything and have him understand what he had done and in order to do that he was forgiven for everything which he had done. [Might God be like anyone else to this boy?] He could, he could, God could . . . might, he might have lost his mother or something, somebody to talk to that he really felt like, that he really had fellowship with them, close to them.

Picture 2R: Here is a boy sitting out by himself out in the woods looking across the country, looking at the scenery and looking at fields that have been plowed up and the wonderful lakes, maybe he would wish that he was swimming, or something. He may have just wanted to just be out by himself looking all over the places and just wondering what is going on in the world or maybe he is out to enjoy himself, out in the sun, out where there is plenty of water and beautiful scenery all over. First he may be thinking of his future, maybe thinking over what he would like to do, since maybe he is on a farm he would want to be a farmer or maybe something else as there is a church. He may be thinking of becoming a pastor or a priest of some kind in some church of his own denomination. He may feel better after he has gone out and thought things over for himself, wondering how things might come about for him and then he will realize that what life really means to a person that really plans for things, that he may want to do for himself, or for his country, or for somebody else that is hoping that he will make the right kind of person in life and make a fine future for himself. [And then what happens?] Well, the boy probably feels confident, has confidence in himself and starts to strive for the future in which he may want to plan for himself in a way it will bring him happiness throughout all his years. [You mentioned earlier that he might want to be a pastor or a priest, whatever his denomination might be. I am wondering why he might want to do that.] Well, it may be that he has always wanted to, since the church in the background here and he is just looking off in that direction, it might be that he sees other people going here and how they are all pretty regular going and everything, maybe he doesn't, hasn't had a chance of going to a church or anything and he feels it may help him if he would or maybe down deep in his heart maybe he really thinks he could go ahead and teach other people about what he may learn from becoming a pastor. [You mentioned it might help him, I am wondering how it might help him.] Well, he may get happiness and satisfaction from helping others as they may have done to him before and he may feel that he owes them something, the people that have helped him growing up in the world, and teach them things of life that will help them in the future in getting his own life prepared.

Picture 3R: Well, the boy may be going to a youth club or some church to which he may have been invited to, to just see what the young people are doing around the community. He may have been asked by fellow members of the youth club to come in some Sunday or whenever they had their club meetings and join in with the whole group itself in the, in what they will be doing just

to see if he would like to join the club so he would be able to have something to go to. At first he may feel he may not like it but he would like to try to see if it might help him to meet new friends and to find out what really the young groups are thinking and feeling of in the world today. He may, on the outcome, he may find out that he has more fun joining in with the other children of his age or group, like the youth clubs in the present community that he may live in and he gets a satisfaction from going to these and maybe he wouldn't have, shall we say, oh, the fun and the feeling that he belongs to something which all kids really feel that they want to, it makes them feel better when they feel that they belong to some youth club, or any kind of a club at all and he may think in terms of going all the time 'cause there will always be new people to meet and something always to do in order of fun and also in thinking other things seriously which give the children a better idea of what is going on inside the youth meetings and also what they do in order to help the younger kids get acquainted with everyone that is in their present community.

Picture 4R: This is probably a farmer's house in which an elderly man and probably his son are going over the regular custom that most elderly people have of reading the Bible before bedtime, reading it from an oil lamp. It, in the way that it is lit up, it is probably their custom that everybody has formed as a habit or maybe that they really believe strongly in reading the Bible every day not only as a custom but because it shows them and teaches them about our stories of our Lord Jesus Christ. The outcome would probably be the satisfaction of going ahead and reading the Bible as God has wanted us to read day by day of his story, and tell it to other people, so that is probably what this man is doing to the boy is why he keeps telling him, keeps trying to teach him the ways of reading the Bible before he goes to bed and trying to realize that there is always somebody waiting for us.

Picture 5R: In this we see a boy maybe looking to this cross and the Bible as a significance of what he should do when he is in church and what they mean to the people that think of the cross and the Bible that is something that is given to us so that, instead of seeing God in person. This boy is probably thinking over what that cross means to him and what the reading of the Bible will teach him during his days on earth. He probably hadn't known in his own home . . . has an altar in his home with a rail and a cross and a Bible in front of the cross which gives a significance that it is open to all people who are willing and wanting to read the words that our saints have written upon the life of Jesus Christ. The person is probably thinking that maybe why he is on earth and wondering why he was given life so that he may be just wanting to help others or maybe it is just something that he has done and is come to sit in front of the altar thinking over the days past and of what life ahead for him in the future and what he could do to help more in his community and tell others of his own age and maybe older of what he knows and what he has learned from going to church where the church is always open to anyone. The outcome is just to probably get the satisfaction of knowing all these things and being able to do them for God and help some others like telling you to go to church. Maybe he just feels that he should go and he goes whenever he has a chance, knowing that probably inside of him

he has been given life and that he wants to help others to receive that life which going to church and believing in what he has heard has given to him.

Evaluation

This boy's cooperativeness, reflectiveness, and apparent good intelligence resulted in a relatively productive record. He seems quite comfortable and "free" of impairing anxiety. He strives to establish and sustain positive relationship (3R) and is oriented in a socially constructive manner (3R, 5R). He desires to be like those people who helped him and thinks he would like to help others (2R). He apparently has had some religious training which has been affirmative, positive, and non-punitive. Some underlying feelings of guilt (1R, 2R), indebtedness (1R, 2R), and aggression (1R) are evident. Feelings of compulsion are suggested in that he feels he must do things he may not have wanted to do (1R). Religion plays an important role in his life as he feels himself to be in communion with God. It is a source of great satisfaction and security to him. It provides a structure for daily living as well as a source of help in time of stress. General compliance, a thankful acceptance of good and bad experience, constant striving to do better, and telling others about God appear to be some of the things he feels he is expected to do in order to please his God and lead a constructive, happy life.

Case Three

Biographical Material

C.A. was a thin, tall, poorly coordinated 15-year-old boy who gave the appearance of being in a frightened state much of the time. He was admitted to the KBIS from a relatively large Kansas industrial city for attempted rape. He was the second child of eight. The father is a barber and earns enough to support his family. The father has shown an abnormal suspiciousness of his in-laws. His conversation and behavior reflects severe vagueness and confusion. At time he believes himself brilliant—"just like C.A. when I was a boy." The mother is a very inadequate housekeeper. She is believed to be mentally deficient. C.A. was reared in a disorganized, inconsistent, and insecure home environment. While the family professed to be members of the Baptist Church their interest and participation was only sporadic and tended to be highly emotional. On admission, C.A. was diagnosed as paranoid schizophrenic. He was placed in the hospital unit for emotionally disturbed boys.

Test Data

Picture 1R: Well, it looks like this boy is praying to get to heaven and uh, he's praying seriously to get there and that's what most people do to get to heaven and they want to read their Bibles and pray like this boy does, it seems like he's doing and I believe that I should do that all the time too and uh, I'll get to heaven too. [What might he be praying about?] About his sins. [Sins?] About cursing, fighting, and the like. [What happens?] Well, this boy of course prays every night and uh, about spiritual beliefs and

Holy Ghost gets sent to him and uh, keep praying from then on, till they die and most of 'em reach heaven if they really mean it. [The Holy Ghost?] Well, it helps 'em, I mean to get to heaven quicker and . . . [How?] Well, it uh, helps 'em go out and go to church most all the time there is a church service. [Where might the boy have learned this?] Church, Sunday School, talked to other people about God.

Picture 2R: This boy's dressed up, looks like he's going into the church and uh, he might go in, he might go on past there, he might be turnin' in the church, listenin' to the preacher, see what the preacher can do for him, and uh, boy goes to church every Sunday, he'll find out it's better for him to go to church each Sunday whenever they have a prayer meeting something like that, then he might get nice Christian, go to heaven, looks like he's thinking about going to church and listening to the preacher every Sunday and every time they have some kind of service and uh . . . [Listening to the preacher helps?] Yes. [What's troubling the boy?] Well, there's sins. [What sort of sins?] Cursing and fighting and . . . [Anything else?] Going into beer joints prob'ly, drinking beer. [Anything else?] Prob'ly goes to shows too often. [That doesn't seem so bad. Anything else?] . . . His parents might be sinners. [What might they be doing?] Cursin' and drinkin' and, and going to shows, places like that. [Anything else?] Mighta' been leavin' him home at night by himself . . . [How might the boy feel?] Felt pretty sad about it. [Sad, why might parents be doing these things?] Bawling out every night, getting drunk and uh, cursing, fighting. [How does it come out?] Well, looks like he's going to church to get saved, take the gospel home to his parents, see if they'll get saved. [What happened with the folks?] Well, they finally got saved.

Picture 3R: Well, this boy appears setting out on a hill and looking at a church and wondering how he can get used to it and start believing in God . . . spiritually and get to heaven and learn all about the God and how his power works and how his power works and how he wants everybody to live. [How God's power works?] Well, make him a Christian and he really believed in it . . . he might go out and teach other people about it and see if they would want to love God more each day as they pray and see how they get along and ask them after while how they're getting along and see if they're growing more in God. [How does it come out?] He gets saved and goes to heaven. [Gets saved?] Means a whole lot to him. [How does it apply to everyday life?] Well, not getting in trouble. [Anything else?] Loving all his neighbors, friends.

Picture 4R: Well, looks like back in olden days. Man reading to young lad. Telling him about the Gospel and how the God's book, trying to get him saved, see if he'll go to church and uh, believe more in God so he can get to heaven faster and the man would love him more and so would God. [Boy get to heaven faster?] [What about the world?] Well, things people does in the world like cursing, drinking, fighting and shooting people, gettin' tight and shootin' and cuttin' and cursin' other people. [What might have been bothering him?] Well, he could have been drinkin' too and fussin' and fightin', cussin' and carryin' on. [Carrying on?] Well, goin' out and startin' trouble, gettin' tight, shootin' other people and tryin' to rob places, stealin' cars, or

horses, somethin' like that . . . [Earlier you said he was trying to get saved?] Meant a whole lot to him. [How was it for him?] Well, gettin' saved first time in his life, first he had in his life, so's he could go to heaven, live with God, not be trailin' the devil all around, doin' what the devil wanted him to and uh, do what God wants him to do, heaven . . . [Where might he have been saved?] Well, this old man mighta' helped him. [Who might the old man be?] Might be a preacher.

Picture 5R: Well this'n appears to be, might be industrial school or in a church somewhere. This boy's lookin' at the cross up there, the Bible, wonderin' how he can get saved, see if he wants to see if he can really get that spiritual belief in him and be won all the way with his heart and soul . . . [What might his difficulties have been?] Hard life, started in life and he turned to God for a better life. [How might God help him?] Well, God answered his prayers spiritually in the books, in his books. [How?] Well, he planned in the book, promised that he'd answer everybody's prayers that prayed to him and they'd get to heaven faster get to heaven and live with him where he lives in that beautiful land. [What sort of father might this boy have had?] Might have had a father that was always cursin' and drinkin' and doin' wrong. [Then he was looking for . . . ?] For a good life. [Anything else?] Might be watchin', might be lookin' at the cross while the preacher tells the whole group about God and how he can work spiritually.

Evaluation

This very anxious, confused, frightened, and somewhat depressed boy has apparently had an extremely difficult life experience as he describes his parents (both in 3R, and the father in 5R) as erratic and unstable people who have acted out against him by being unloving and emotionally abusive. This point is further demonstrated by his constant and intense preoccupation with getting to a better world (1R to 5R). Either he wants his parents to modify his present world (3R) or he wants to leave it for the next. In either case, religion is both the means and the end to a better life (2R, 4R, and 5R). C.A. has some depressing doubt as to his worthiness to receive these benefits from God. Any doubt that he may have about religion appears to be turned against himself (1R and 2R). In connection with this preoccupation are his guilt feelings about his anti-social behavior.

The particular kind of religious vocabulary employed by C.A. ("spiritually," "gets saved and goes to heaven," "trailin' the devil around," and "get to heaven and live with him in that beautiful land") indicates that he has received some religious training from what appears to be one of the "holiness" churches. The adequacy of the instruction is hard to determine because of the boy's disorganization, which can also be seen in his language usage. Incomplete thoughts, perseveration of thought, confusion of thought, "empty" concepts, and bizarre language usage are current throughout.

* * * *

We have been able to present only a limited amount of material regarding the usefulness of these pictures as a diagnostic tool. Since it is a projective device, the kinds of material that it elicits are manifold. The pictures are likely to draw material from which one can infer the subject's general conception of religion as well as more specific things, such as his ideas of deity, prayer, the ministry, the church. One can make inferences regarding the subject's religious training and the character of the people who offered it to him. In this respect the material at times is very suggestive as to a probable relationship between the character of the teachers (parents and church people) and the conceptions of deity that the individual has eventually developed. Religious conflicts and problems or absences of these are frequently brought to light as are the subjects' religious wishes, fears, hopes, and expectations.

In the area of religion and inner experience few people are less communicative than delinquent boys. If this much material revealing inner attitudes can be elicited from them in this way, how much more useful might such a tool eventually become when used with other groups? Only future experiment and use by other workers in such situations can give us the answer.

RELIGION AND PSYCHOANALYSIS: SOME VARIANT OPINIONS

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"Resolve to love;
Agree to differ;
Unite to serve."

*Protestant Bishop Quentin Kwei-Yuan
Huang, Kunming, China (19)¹*

THE number of books and papers written to explain religion and religious phenonema from a psychological viewpoint are legion (11). A few definitions of religion may illustrate the variety of notions expressed by writers:

Heraclitus (27):	A holy sickness
St. Augustine (1):	Truth divinely revealed
Schleiermacher (1):	Feeling of absolute dependence
Starbuck (28):	An innate tendency
Tillich (8):	An ultimate concern with the meaning of life
Trotter (8):	A herd reaction
McDougall (20):	Focal point of instinctive tendencies of awe, admiration, reverence
Leuba (18):	Suggestibility
Pfister (26):	A sublimatory, stabilizing or palliative force
Reik (27):	A thinking system comparable to delusional ideas of psychotics
Freud (5):	An obsessional neurosis of agreed rituals for discharge of guilt; a mass delusion, superstition and projection, sublimation for repressed libido
Jones (12):	Attempt to allay sense of guilt raised by man's aggressiveness, particularly Oedipus complex
Jung (13):	Submission to power higher than ourselves, the numinosum
Allport (1):	A set of experiences focused selectively, habitually and intentionally upon a religious object
Fromm (8):	Any system of thought and action shared by a group which gives the individual a frame of orientation and an object of devotion

Rationalistic interpretations, mostly using an historical approach, tend to identify religion with superstition, while some metaphysically inclined

¹ Numbers in parentheses refer to items in the bibliography at the end of this article.

writers explain it as a supernatural emanation—as “man's reaction in amazement and fear to Power” (17), or as “an actual psychological dynamism, a psychological substratum and impulsion” (9). The rationalistic approach has become enhanced and been given a superstructure of scientific elaboration by a number of psychoanalysts, beginning with Freud. Their anti-religious arguments are primarily based upon anthropological data and are frequently of the same speculative nature which leads metaphysical apologists, e.g., Jung, to opposite conclusions.

There are complexes which have never been in consciousness before . . . They grow out of the unconscious mind and invade consciousness with their weird and unassailable convictions and impulses. The unconscious mind is a psychical existence independent of consciousness . . . Images of a collective nature . . . are not only transmitted by tradition and migration but also by heredity. (14, pp. 4, 14, 27)

To Jung, man is not the originator of his morbid imagination. This view is largely shared by Freud:

There probably exists in the mental life of the individual not only what he has experienced himself, but also what he brought with him at birth, fragments of phylogenetic origin, an archaic heritage . . . A tradition based only on oral communication could not produce the obsessive character which appertains to religious phenomena . . . children do not react as their own experiences would lead us to expect, but instinctively, like animals. (6, p. 154)

However, in regard to the significance of their mutually agreed-upon “unconscious,” there is a wide cleavage between the historically oriented Freud and the phenomenologist Jung. The need for religion is associated by Freud with “man's most primitive and horrible savagery” (7). In his book, *The Future of an Illusion* (5), religion becomes a “universal obsessional neurosis of humanity,” while to Jung it is “a dynamic effect (which) seizes and controls the human subject.”

While Jung referred to Freud as “another Jewish authority” (14), Freud assigned no particularly flattering epithets to Jung's concepts: “unintelligible, muddled, confused” (29).

It is interesting to note how psychoanalytically oriented writers differ in the evaluation of Freud's last quoted book: “. . . lacks in conciseness, does not penetrate far into the depths of the religious sentiment” (11); “one of Freud's most profound and brilliant books” (8). Neither do all religionists accept Jung's metaphysical formulations. A Roman Catholic psychiatrist says: “. . . poetic . . . but very weak in its logical and scientific foundations” (23), and a Swiss anthropologist:

The tendency to refer to archetypes is in inverse proportion to the care taken for elucidating the individual life history; fascination by “mythical depths” has paralyzed the will for a clear understanding. (15, p. 36)²

² Translated by the writer.

To early Freudians, religion grew historically out of ancient myths. Jones (12) is impressed by "the astounding syncretizing activity of the Roman Church in assimilating Pagan mythology." He identifies the "symbolic self-castration (of priests) as expressed in costumes, celibacy, shaven head with homosexual sources of feeling," and the Holy Ghost as a "replaced mother-goddess, renouncing incestual and parricidal wishes by a stronger attachment to father," He continues: "Reborn by the Holy Ghost in conversion and baptism, by the intake of semen and wine of father, means mastery of the Oedipus complex and its transformation into sublimated homosexuality." Money-Kyrle (22) reasons that, even today, ". . . animatistic and animistic beliefs dominate our conscious and unconscious thoughts."

Reik is pessimistic in regard to the future of institutionalized religion:

The need for a comprehensive rational foundation of religious phenomena, the theological effort at a rational basis for the norms of belief, signifies in the history of religions the beginning of the end. Religions can only be maintained when they make concessions to rationality and these concessions will have to be ever increasing. (27, p. 255)³

Fromm shares Freud's viewpoint regarding institutionalized religion:

Religion is a danger because it tends to sanctify bad human institutions with which it has allied itself throughout history; further by teaching people to believe in an illusion and by prohibiting critical thinking it is responsible for the impoverishment of intelligence. (8, p. 12)

However, he claims that Freud opposed religion in the name of ethics, "an attitude which may be called religious." He criticizes Jung, who "reduces religion to a psychological phenomenon and at the same time elevates the unconscious to a religious phenomenon." Although it may come as a surprise to some of Freud's followers to see him enlisted among religionists "concerned with man's soul," Fromm's argument appears well substantiated and leads up to his own concept of a humanistic religion as opposed to authoritarian religion.

. . . the question is not whether man returns to religion and believes in God, but whether he lives, loves and thinks truth. Knowledge (reason, truth, logos), brotherly love, reduction of suffering, independence, responsibility . . . to achieve these ideals is the aim of human development and of a humanitarian religion. (8, pp. 9, 18)

In one of the most comprehensive and sympathetic studies of religion from the psychoanalytic viewpoint, Brierley points out that:

There is much to be said for the view that the superabundant energy which is quite as characteristic of the Saints as their liability to ill-health, is a manic phenomenon bound up with the denial of reality to anything but Divine Love . . . a very convincing form of euphoria, a benign antithesis of melancholia. (2, p. 76)

³ Translated by the writer.

She concludes her monograph in agreement with Fromm:

Religions are attempts at integrative living, but the development of a more stable civilization depends upon the discovery and practice of more sufficient psychosexual integration than Christianity has yet achieved . . . Only a practical religion of humanity can promote personal and social integration. (2, p. 103)

Menninger (21) also speaks of the "social purpose of religion," and continues: "No religion which does not take cognizance of people about us and our responsibility to them . . . is really a religion; it is a neurosis." Philosopher John Dewey (3) concurs: "Men have never fully used the power they possess to advance the good in life, because they have waited upon some power external to themselves and to nature to do the work they are responsible for doing." A British psychoanalyst, Flugel (4), maintains that: "The religious emotions must be largely or entirely secularized and be put in the service of humanity. The religion of humanity is surely the religion of the nearer future." Overstreet states that:

Religions have to accept the maturing of man as the central aim in life. Religions that insist upon the permanent childlike dependence of man upon an all-powerful and all-commanding Deity have no conception of man as a creature of inherent dignity. We must strive to outgrow childishness of mind and spirit and become happily and responsibly mature. (25, pp. 271-272)

Allport (1) takes a somewhat different view. He observed among college students at Harvard a "drift from theocentric emphasis toward ethical emphasis," and characterizes immature religion as being "largely concerned with magical thinking, self-justification and creature comfort." Mature religion to him is " . . . neither fanatic nor compulsive, . . . (it is) an insatiable thirst for God." He believes that "the mature religious sentiment seems never satisfied unless dealing with matters central to all existence." Mature belief is heuristic in nature, but:

Love of God is needed to make life seem complete, intelligible, right. The religion of maturity makes the affirmation "God is," but only the religion of immaturity will insist "God is precisely what I say it is." A comprehensive religious sentiment makes for tolerance. Other people too have their stake in truth. (1, pp. 69, 82)

The interest of psychiatry and psychology in religion as an adjustment mechanism is shared by responsible theologians. A prominent part of the Protestant and Jewish clergy has become progressively aware of the needs for greater religious maturity among its followers.

Religion may either facilitate mental health or breed and maintain mental pathology, depending upon the mental health and methodology of the representatives of religion. Religious leaders . . . fail to recognize the fact that much of what the populace calls religion is pathological . . . (24, p. 30)

(The Bible Belt) . . . has cultivated religious bigotry and moral immaturity . . . When one reviews all the intellectual and social consequences of the elevation of the Bible into an absolute authority in religion and morality, one can extenuate, even if one can not defend, the claim of some ecclesiastics that the Bible ought not to be put into the hands of the common people . . . (16, p. 71)

While a pamphlet of one of the largest Protestant denominations maintains:

Do not fall for the assertions of many people that we are all seeking the same God, and that it therefore makes no difference to what Church one belongs or what doctrine a Church teaches . . . Christ did not commission the Church to be a social agency . . . (19),
the one-time Executive Secretary of the Commission on Religion and Health of the former Federal (now National) Council of Churches of Christ in America spoke out as follows:

. . . not all religion makes a positive contribution to health . . . Religious ideas and religious feelings must grow up too. A religion that makes for health must be non-substitutive and non-compulsive . . . it must be outgoing; it must have a social as well as a divine object . . . it must help a person away from egocentricity, infantilism and the avoidance of responsibility. (10, p. 370)

It thus appears from this sampling of opinion that the majority of contemporary secular psychologists and psychopathologists, including a substantial number of theologians, despite their differences in orientation toward the origin and nature of religion, consider immaturity of religion as a contributory factor to psychopathological maladjustment, and mature religion as a necessary medium for the accomplishment of health, strength, freedom, and happiness.

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CONTENT IN EXTENSIVE TRAINING

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THE exchangeable currency of education—knowledge, insight, and understanding—is always minted within the framework of the curriculum, or standard content, of any educational program. The extensive training of seminarians, as most noticeably exemplified by the Rural Field Training Program of the Protestant Episcopal Church, is still in the pioneer stage when such questions as the following are meaningful: “What are the students supposed to take away from the experience?” “Is there a body of basic knowledge about rural community life without which a town-and-country minister would do a dangerously superficial job?” “What are the criteria of a successful town-and-country ministry?” “How should these successes be measured—by an increase in Sunday church-going, by longer clergy tenure, by the building of more dynamic, morally-purposive communities or what?” These questions are haunting because they seem to be similar to such questions as “How high is up?” and “How broad is wide?”

The basic content of the rural extensive training program is, currently, being hammered out against a background in which three vital areas of concern are in friendly competition for the life-energy of the student. In one corner we have the administrative authorities of the Church who, traditionally, have used seminarians during the summer to carry out some diocesan missionary work or to “hold the fort” while the clergy go on their annual vacations. This is a claim which cannot easily be brushed aside, since it has led to work’s being done which, administratively, could not be done in any other way.

In another corner we have the seminaries which hold that, once a student begins to study for the ministry officially, his future, rather than present, usefulness to the Church should be the sole criterion for his program. This, too, is a claim which it is difficult to dispute. To have a completely trained, well-integrated priest, pastor, and prophet three years hence, rather than a one-third man for three consecutive summers, is sound human economics and, when the seminaries imply that administrative authorities are often penny-wise and pound-foolish in the use of seminary manpower, they are most often justified by subsequent events.

In a third corner, putting pressure on the content of the program, is the town-and-country community itself. Its voice has a sociological dialect. It says, perhaps, "How then shall they call on him in whom they have not believed? and how shall they believe in him of whom they have not heard? and how shall they hear without a preacher? and how shall they preach, except they be sent?" And, we might add, behind this primary community's voice, can be heard the more raucous voice of the urban community saying, "If you can't Christianize the town-and-country areas, we shall become even less Christian than we now are."

Against such legitimate demands, we repeat, the content of extensive training is being developed. Of necessity, we have to try to keep in mind the needs of the administrative authorities of the Church, the needs of the student within a total educational program, and the insistent demands of a society in crisis.

At this juncture, it appears that the intensive training program, as represented by the programs of the Council for Clinical Training and the Institute of Pastoral Care, has won a battle to make the second of these demands paramount in justifying its program. What happens to the student is the key and if, in the by-now pseudo-classic words of Reuel Howe, "he is plunged deeply and thoroughly into life and is brought up dripping and gasping for air," the experience has contained the essential elements of success for, henceforth, that student should be receptive to the teaching and counseling of seminary professors.

Historically, the extensive program seems to have built its content from the other two points of view: that of the administrative needs of the Church and the needs of the community. Indeed, the program received its initial impetus from the stark fact that the town-and-country work of the Church was neither dynamic nor appealing to the better qualified men graduating from our seminaries. Therefore, there was a real concern to find out what was wrong and how to remedy it.

One obvious remedy was to fill in the neglected areas of seminary curriculum. For the most part, the specific needs and problems of the small church in the small town or open country were not given adequate attention in the seminaries of a Church whose strength lies, numerically, east of Pittsburgh, Pennsylvania. These needs and problems were not obviously theological in nature, but rather fall within the province of such social sciences as sociology, political science, economics, and psychology. Thus, until such time as the seminaries would incorporate such courses as, perhaps, "The Church in the Rural Community," "Rural Community Organization," and "Rural Pastoral Work" (including Christian education for the one-class school, liturgies for a choirless rural church, preaching to a congregation of two to five people, etc.) in the pastoral theology department, this responsibility fell upon the extensive training program.

Today, although such fact-centered courses and discussions are still

"heard in the land," we believe that, like the "voice of the turtle," they do not shout so loudly that the student cannot hear the more vital, still, small voice of relationship which comes when a total individual attempts to exercise a total ministry to a total community. Increasingly, thanks to the leads and helps from persons from the intensive clinical training program, the extensive training is becoming relationship-oriented, confident that the fundamental factual knowledge and the personal attitudes derived from this knowledge will become obvious and operative during the process. Today, perhaps, the student is more likely to ask "What am I, John Doe, to say, in the name of Christ, to this man who has just watched 85 acres of good top-soil washed away by the 'Mighty Mo'?" than to learn how many millions of acres of fertile land are floated down to New Orleans each year. Having wrestled with the first question, he is more likely to become interested in the latter fact, as well as to have some desire to evaluate the pros and cons of the Missouri Valley Authority idea.

The specific tasks of the student under the extensive program, of course, vary with the section of the nation in which he is placed and with the needs of the immediate local diocese or district. Wherever the student goes, however, certain fundamental experiences are desired for him, if he is to receive credit for the summer:

1. The student shall participate under guidance in some form of pastoral call. This may include the formal call and contacts made in other ways, such as calling in preparation for Vacation Church School, contacts through recreation and community activities, etc. Certain of these calls are to be "process-recorded" to be evaluated, in terms of dynamics, by the local field supervisor and also by the staff and student-body of the final training and evaluation center, when all students, from all over the country, meet at the end of the summer. In many areas, each student is given the names of five families (representative of various pastoral concerns: adolescence, marriage, aging, etc.) who represent his particular pastoral charge during the summer. Since in some areas the student is continually on the move, doing missionary extension work for the district, this requirement cannot be made mandatory for all.

2. The student shall conduct regular church services at least twice and, where possible, will be given the opportunity to prepare and conduct one non-denominational service.

3. Each student shall preach at least once during the summer and, if feasible, twice. The sermon shall be read to his supervisor and fellow students in advance of delivery and rigorously evaluated for communication values, content, delivery, etc.

4. Each student shall engage in the equivalent of one week's farm labor, which will be as varied as consistent with local agricultural or industrial (mills, mines, etc.) operations. The rationale behind this re-

quirement is, perhaps, similar to that by which a student in a general hospital is asked to be an orderly (complete with bed-pans and back-rubs). It is felt that only as the student gets up at 5 A.M., rides the hay-sled until 10 P.M., and then tumbles into bed at the first opportunity can he, in an operative sense, appreciate the hard, monotonous, multi-skilled vocational life of the people in his care. Such a requirement, of course, has the secondary gain of enabling him to pick up a new vocabulary so that, when he talks to people locally, he is sure that Plymouth Rocks and Herefords are not both a hybrid wheat breed.

5. Each student shall work in one vacation church school and where possible shall participate in two such schools. He will help with the preparation, teach in the school, attend daily evaluation sessions and help with the follow-up work after the school is over. It has been found that the Daily Vacation Church School is a sound and productive missionary device in rural areas. Ideally, the rationale and teaching methods for such schools should be taught in the departments of Christian Education in our seminaries but until such time as this is possible the extensive program will probably have to do it.

6. Each student shall participate in some form of church-related (denominational or non-denominational) survey and census work during the summer.

7. Each student shall participate in some phase of general community activity such as social service, recreation, preparation of a community show, hymn-sing, etc.

8. Weekly seminar sessions shall be held using such local resource persons as the county agent, home demonstration agent, county welfare worker, county judge, local editor, etc.

9. Each student shall read at least one assigned book dealing with rural sociology, rural church life, etc. This past summer the students read either *Rural Life in America* by Carl Taylor and associates or *The Human Community* by Baker Brownell, and wrote reports on their reading. Uniformly, students were unhappy with this requirement, which appears somewhat contrary to clinical training experience where students, apparently, avidly read English and Pearson, Freud, Franz Alexander, et al.

On top of these requirements, of course, there are such obligatory requirements as a final evaluative report and regular conferences with the supervisors from the local and national programs.

It should be made manifest that there is nothing sacrosanct about these contemporary requirements. All of them are "in process" and, in succeeding years, many will probably be dropped and, perhaps, others added. Currently, studies are underway with the thousand-plus alumni of the extensive program to see what now seems relevant to them from the perspective of five or ten years.

When compared with the intensive training program, it would appear that the content of the current extensive program is more structured. Some of this structuring undoubtedly is due to the demands of the three areas of concern which, currently, have an interest in the program. Other elements of the structuring are due to a feeling of security which they give to the administrators of the program, who can then say, "This, at least, we taught them."

At this juncture it appears that this type of training will be more, rather than less, demanded by the Church. Even now plans are well along toward the establishment of some kind of urban training institute, where students will bump up directly against the problems of the slums, the blighted areas, and the fringe areas. Because this is the demand, it is certainly important for persons involved in both intensive and extensive training programs to understand their complementary nature and to give to each other the benefit of past experience and current thinking.

EMOTIONAL FACTORS IN SOCIAL HEALTH

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My task is to deal in a *positive* way with social health, which is our newest, largest, and gravest problem. It is always harder to turn up positive forces and suggest constructive means of building than it is to describe what is wrong and causing concern. I am also to get at the emotional wellsprings of health, both of individuals and of social groups so that human affairs can be managed in a way that will build and maintain social health. Though this, too, is a difficult task, it does have one hopeful aspect. In recent years we have come to appreciate the fact that education does involve the emotional wellsprings. We have to get at people's feelings and we have to organize them into patterns that make for individual and social health. While this is much more difficult than teaching concepts, there is hope in the fact that at last we are accepting our educational responsibilities in their etymological sense of drawing out the capacities and endowments of people in such a way as to organize their urges, drives, feelings, and aspirations in an individually satisfying and socially useful way.

In trying to get at the substance of emotional factors in social health, we shall have to avoid two very common modern approaches to difficult topics. One of these is to become overconcerned with the semantics and then spend most of our efforts in trying to find just the right words which will conceal quite as much as they reveal and, we hope, be acceptable to people whose actual concepts and beliefs are almost at opposite poles. It takes more than neatly chosen words to build social health and to discern the emotional factors involved in it.

Likewise we shall have to avoid the easy temptation to rationalization—to explaining away our failure to achieve or even to be concerned about social health in its broad ramifications. Rationalization about our unconcern heretofore and justifications for our rank individualism and our national isolation on the ground that self-concern is the first law of life are not enough when we are confronted with only two choices, either the development of social health or the destruction of our civilization.

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Medical science and the medical profession have developed over the years by viewing man as a biological organism, the health of which inheres in the integrated functioning of the many parts of the organism and of its total functioning in its appropriate environment.

But man is not only a biological organism. He is at least bio-social, and his mental and emotional health is dependent on emotionally satisfying living with others in a social environment. To be fully healthy one must not only have food and air, but basic emotional needs must be currently met. Otherwise, not only is the human being unhappy but his organic functioning is likely to be interfered with so that he may become physically ill as well as mentally or emotionally disturbed. Strictly accurate figures are not available, but what are believed to be realistic estimates indicate that this is a statistically significant problem. Figures from the British National Health Insurance scheme prior to World War II indicated that, of 15 million insured, one-half sought medical attention each year and, out of these, 30 per cent suffered nervous disorders. Internists in the United States have estimated that from 30 to 60 per cent of people who go to doctors suffer primarily from psychoneurotic difficulties and that one person in five goes to a doctor yearly for some nervous ailment. And in many physical illnesses the emotional components are important factors to be taken into account. In a study of 450 admissions to the medical and surgical wards of New York Hospital, 10 per cent of the patients were appraised as having severe or moderately severe personality disturbances. In one ward for disorders of circulation the percentage was as high as 75. The significance of emotional balance and sound personality structure for health is further attested to in the fact that 37 per cent of all young men rejected for military service during World War II were rejected on account of some neuro-psychiatric illness or unfitness and in the further fact that in only 10 per cent of persons suffering from psychotic breakdown have we been able to find any organic basis.

A brief consideration of a few of the most fundamental emotional needs of people may not only throw light on the emotional factors of physical illness but may also serve to indicate some of the basic emotional forces which will have to be understood and used in efforts to develop social health.

1. All people need love or intimacy. They need to feel that they are cherished and have opportunity to cherish others. The death rate among infants who fail to have consistent loving care is much higher than among those who are cared for consistently by the same loving parents or parent substitutes. As Dr. Loretta Bender has indicated in her study of six thousand young children who were removed from normal family setting in infancy and cared for in institutions or in a succession of foster homes, it is never possible to make up for failure to supply the infant's basic need for love. Children so deprived continue to be impulsive. Their energies are poorly channelled. They are never able to make full use

of their native intelligence and they are unable to establish and maintain adequate and satisfying relations with other people. Love is not only necessary for adequate functioning of the individual but, as we shall see later, is a primary factor which makes social health a possibility.

2. Human beings seem to be made for activity. The infant waves his arms and feet and derives a part of his early sense of well-being from the kinesthetic feelings involved. He sucks vigorously and derives great pleasure and satisfaction therefrom.

The older child cuddles his dolls with delight and with vigor explores the environment. By the time a child is three there is an acute need to be related to other little people who are like him. At nine he must make and hold a place for himself among his peers. Later he wants to associate with members of the opposite sex. He wants to earn and he wants to contribute to the life about him. This need for self-directed activity that is satisfying to the organism and increasingly gives purpose and direction to life is emotionally and socially almost as important as food and oxygen.

3. The human being must live his life in a social environment. He cannot live unto himself even if he would. He wants to be recognized and approved and enjoy a sense of comparable standing with his fellows. All of us feel good about ourselves only when our standing compares reasonably well with that of others about whom we care. We like to be as good as the other fellow in our profession or trade. We like to live in as good a home, wear as good clothes, and in general be recognized as a person of some nobility and worth.

4. But the need of the human individual is not a static need. One has a need to grow, to change, to experience movement, to be creative, to set up ideals and to pursue them with an increasing sense of achievement. Under some circumstances this need may assume pathological proportions and result in undue and unhealthy competitiveness. At the same time every person finds that some of his positive feelings stem from this experience of movement, growth, and creativity, and out of it issue most of the constructive accomplishments of mankind.

5. Every human being has a need for integration or wholeness. All of life must have meaning. In fact the thing which above all others distinguishes human beings from other forms of life is the human being's capacity to see life whole, that is, to see the relation between the past, the present, and the future—to gather up one's past experiences into some kind of meaning, give expression to it in the immediate present, and thereby to work out one's future. This capacity to see life whole and to care about wholeness is that which gives a man dignity and worth. If a sheep had this capacity it would make him unfit for slaughter. This yearning and search for wholeness is at the root of all our endeavors not only in science but also in religion and art. When family, school, and community conditions and general cultural patterns make achievement of personality

integration impossible or difficult, conflicts about oneself and one's role in life are inevitable, and we pay a heavy toll in mental and emotional disturbances and in the intensification of social conflicts which are at the root of much of our societal illness.

Thus far, we have seen that physical health is a state of integrated functioning of all parts of the human organism and its total functioning in an appropriate physical environment. Moreover, mental and emotional health derives from the emotionally satisfying experience of living with others in a social environment in which meaningful interpersonal relationships can be carried on. A man can no more live in a social vacuum than he can in a physical vacuum cut off from life-giving oxygen. A man needs a friendly family, neighborhood, and nation in which to grow and satisfy his emotional needs.

But human society as we know it is not a simple association of people in which each individual supplies his emotional needs purely from intimate contact with very small numbers of closely related persons. Human society is a multi-social matrix made up of all sorts of groupings of people from immediate family to a federation of the nations of the world. Social health therefore not only involves acceptable social attitudes on the part of individuals but includes the formation and integration of all societal groups so that their combined functioning makes for a healthy society in which individuals and groups can maintain themselves and support each other through mutually beneficial cooperation. Just as does physical health, social health depends on the integrated functioning of the many parts and total functioning in the world environment. Emotional and social needs require contact of a social environment and this has to be conducive. Social environment in the large can be made and kept conducive to individual and group life and health only by recognizing and insuring (1) the right of every individual for a chance to live and grow and get satisfactions and (2) development and maintenance of our social institutions so that they severally and in an integrated way make available the wherewithal to sustain life and to achieve morally worthy and socially desirable goals and to provide people with personal satisfactions in the process. This is obviously a big order. It is to be noted that, as we move out from consideration of man as a biological organism, striving to satisfy his physiological needs in his immediate environment, to man as a bio-social being with emotional and social needs as well as physiological needs, and as we move out from this to human society which has its own need for integration and functioning of part with part, we move outward in concentric circles in a succession of spherical movements so that difficulties are cubically multiplied. The complexities involved in developing and maintaining social health seem almost to be unmanageable and yet manage them we must.

It is little wonder that our society is sick with a variety of chronic maladies—war, alcoholism, drug addiction, management-labor disputes,

racial and religious conflicts, international stress and multiple group tensions within all nations of the world. Or consider the average American community which is reasonably harmonious. Even there our various institutions such as family, school, church, and industrial organization have never been adequately orchestrated so as to make for harmonious growth of individuals and of these several groups. In many instances they work more or less at cross purposes and greatly add to the psychological conflicts of individuals and make difficult the whole process of growing up to maturity.

To make our society healthy we need a large corps of new kinds of "doctors":

1. Among them we shall have to have national and international statesmen who see men—all men—as of one kin with common basic needs which call for satisfaction regardless of race or geography. We need international statesmen who can see the world as one and keep its parts in balance while the more backward and needy sections are given opportunity to catch up to the mainstream of life.

2. We shall need industrial, labor, and financial engineers who likewise see life whole on a world-wide basis and who, as a part of, or supplementary to, the work of the social and economic council of the United Nations, study the economic needs and develop the economy of the various nations in the interest of fuller opportunity and a higher standard of living for the people of these nations.

3. We shall need educators who build genuine confidence and competence into children and youth, who promote their emotional stability and social cohesiveness through cooperative learning, who continuously nurture their concern for social good, as well as train them in technical and social proficiency.

4. We shall need mature men and women who as mates and as fathers and mothers can create family life that is healthy for all its members, who as workers and supervisors manage the workaday world in the interest of maximal work satisfactions, and who as citizens promote cooperatively stimulating and satisfying community life.

As Dr. Rennie and I have stated elsewhere:

Emotional and social health cannot be developed in a social vacuum. Powerful factors operate against it as our present society is constituted. To promote positive social health will, therefore, require the cooperation and help of many individuals and groups. Medical and social scientists need to look squarely at these factors and, abandoning their professional isolationism, cooperate in an effort to counteract them. Social health can be achieved only in an environment which provides opportunities for self-expression, social usefulness and the attainment of human satisfactions. . . . For recovery and the acquisition of health, a sick society, like a sick person, needs therapy and a continuing application of hygienic

principles. Thus we must seek to develop those healthy behavior patterns, attitudes, and feelings that are the best insurance against war and at the same time fashion the ideational framework and organizational structure for a peaceful world that will enlist the interest and active support of all citizens.¹

As stated in the preamble to the Constitution of the United Nations Education, Scientific and Cultural Organization, "Since wars begin in the minds of men, it is in the minds of men that the defenses of peace must be constructed."² But to construct the defenses of peace in the minds of men and to build social health into the structure of society requires more than a juggling of intellectual concepts. We shall have to draw upon and use the greater depths of human emotions. In the words of Dr. Leighton:

Most people use their intelligence to attain ends dictated by their feelings and convictions and not as a matter of their basic motivations. With ourselves, no less than with a foreign or "primitive" people, the choice of a career, of a marital partner, of religion, of friends, of political candidates, of a place to reside, of food, of a doctor, of a lawyer and many other crucial steps in life are carried out far more on the basis of feeling than on the basis of reasoning—and feeling means systems of belief and related patterns of sentiment in varying combinations, powered by needs, drives, aspirations and insecurities. Societies move on the feelings of individuals who compose them, and so do countries and nations. Very few internal policies and almost no international policies are predominantly the product of reason. To be sure, reason and thought are components, but they take the form either of rationalization to justify or of scheming to attain ends already decided upon at the dictates of feeling.³

Coming down to the emotional components essential in building social health, it seems to me there are especially five fundamental factors:

1. Social health will be built only by people who have basic confidence in themselves—people who have a fundamental I-can feeling about themselves as persons whether they are functioning as members of a family, members of a working team, as neighbors, or as world citizens. Just as the human individual can have no real happiness or lasting satisfaction if he suffers constantly from feelings of unworthiness, or inferiority, so the group or class or nation cannot be expected to be either competent or congenial unless it has fundamental respect for itself and feels that it enjoys reasonably good status in the association of groups or in the family of nations. We shall have to set the stage of life so that every child born on the social scene will be so cared for and cherished that he very early

¹ Rennie, Thos. A. C., M.D., and Woodward, Luther E., Ph.D.: *Mental Health in Modern Society*; Commonwealth Fund, New York, 1948.

² United States National Commission for UNESCO, Report on the First Meeting, September, 1947, p. 1. United States-United Nations Information Series 14, Department of State Publication 2726. U. S. Government Printing Office.

³ Leighton, A. L.: *The Governing of Men*; Princeton University Press, Princeton, N. J., 1945.

develops a sense of well-being and has opportunities increasingly to add to his stature and his feelings of self-confidence and social acceptance. We shall have to safeguard equally the "ego development," shall I say, of groups. Labor must be self-respecting; management must be likewise; and each must have respect for the other. Little nations must feel their own inherent worth and this must be recognized by larger nations. Basic self-confidence and fundamental self-respect comprise one of the essential emotional factors in social health.

2. Individuals must be loved early enough and well enough and consistently enough that they discover by actual experience that life can be satisfying and that the life of mutual give-and-take is more satisfying than infantile wanting what one wants when one wants it. Love is still the great motivating force in human life. Children who are well loved and at the same time have ample opportunity for self-discovery and expression and who have the invigorating experience of loving others in turn and serving their interests not only achieve a kind of integration which yields a sense of well-being, but through such experience they are able to identify themselves with others, recognize that all human beings are kinsmen possessed of fundamental emotional and social needs, and care enough about others to re-enforce them rather than to compete with them destructively. It is only the person who has been well loved and who fundamentally likes other people who can afford to trust them and who finds cooperation with them invigorating and beneficial. A person who has been deprived of love or one who has been overregulated and controlled, with the result that hatred, hostility, and distrust loom large in his life, is predisposed to expect hostility and hatred and distrust and by his attitude is likely to induce such negative responses. It is then an easy step to the paranoia of war and inter-group strife. It is a demonstrable scientific fact that "A good man out of the good treasure of his heart bringeth forth that which is good. And an evil man out of the evil treasure of his heart bringeth forth that which is evil."

3. Social health springs from, and issues in, strong morale. This requires people who have fundamental confidence in themselves, for the most part accept and enjoy others, and readily participate with them in cooperative enterprises. Only those who possess these healthy attitudes and are free from blinding and disrupting prejudices can create and maintain individual and group morale. A sort of "we-are-together" feeling characterizes most constructive social endeavor. In a sense of belonging and contributing to a worthwhile cause—whether it be the manufacture of an automobile, the instruction and leadership of a class, or the development of international peace—there is a sort of fourth dimension to human emotions which somehow stabilizes the individual and promotes social cohesion.

Whatever fosters and promotes democracy also guards and advances mental and social health. Conversely, whatever breeds racial, religious, or

other group prejudices and intolerance accentuates the tensions of all the members of the outgroups and gives them handicaps which largely negate the values of democracy.

As Levy has pointed out:

Intolerant people are people who hate. Their degree of intolerance is a measure of their hate. When a person is characteristically intolerant, he belongs to the group of the psychologically hostile, whose features I shall attempt to describe. The most distinctive finding among the psychologically hostile is a stultification of the personality. In a well-known personality test such individuals, for whom hatred is so vital a function, are found to be characterized by a marked narrowing of the thought, feelings and imagination. The generalization applies equally well to the haters who have repressed their hate and to those who express it directly in words or action. . . . The disseminator of intolerance, operating on the fertile soil of the psychologically hostile, may initiate an epidemic of hate, as readily comprehensible as an epidemic of typhoid fever. The source of either epidemic, whether of typhoid or hate, would be considered equally dangerous and criminal, if public understanding of mental health were at all effective.⁴

4. Social health is part and parcel of a working philosophy that meets the demands of our times. A part of our problem springs from the fact that, while applied science has brought about radical changes in our mode of living, most people are guided by the same standards, goals, and attitudes which made for a good measure of security in an early age, but which do not help to deal with today's increasingly complex problems. For example, many are committed to the political dogma of national sovereignty notwithstanding the fact that world federation is possible only on condition that national sovereignty is partly surrendered. Again, multitudes who profess belief in the particular plan of personal salvation that was a part of their religious heritage find that their religion gives them neither peace of mind nor social effectiveness in dealing with the major issues of the day. The tendency to hold to static sets of value in a world undergoing phenomenal changes presents a major threat to mental health and social stability. And this tendency exists not only in politics and religion. Medicine is rife with it, and so are general education and professional education in most fields.

What is needed today is a new philosophy which does justice to our social and emotional needs and which builds a new and more inclusive morality based on these needs. We need a clear understanding of the nature of our world and a conviction regarding man's place in it that is scientifically tenable, socially acceptable, and emotionally satisfying. Such a faith springs partly from an appreciation of harmonies of sight and sound, evidences of cosmic purpose and a sense of personal integrity—experiences which have been to a great extent the basis of established re-

⁴ Levy, D. M.: "The Toll of Intolerance in the Intolerant," in *The Family in a World at War*, edited by S. M. Gruenberg; Harper Brothers, New York, 1942.

ligion. But it builds also on our scientific knowledge that the natural world is governed by laws which are fully trustworthy and quite as wonderful and awe-inspiring as the mysterious powers of the supernatural to which our forefathers gave allegiance.

A faith adequate for our age must embody a view of man and society that gives purpose and meaning to each man's life, allays men's fears and distrust of one another, and induces and maintains such mutual confidence, cooperation, and support as are needed for living together in families, groups, societies, and nations. To build and implement such a working faith is one of the big psychological tasks of this age, for unless men believe in their own worth and in their ability to manage their lives with self-satisfaction and social acceptance, and unless they have a similar faith in the worth and ability of their fellow citizens and the citizens of other nations, they will continue to be plagued by a sense of futility and by fears of want and of war.

Proper attention to personal and social values in connection with work would go far to give workers a genuine sense of belonging to a worthwhile organization that helps satisfy the needs of other people. Such work, supplemented by concerted efforts toward community improvement, yields a quality and a degree of personal satisfaction and a sense of social cohesion which are essential to both peace and progress. Such a moral equivalent to the values of war can be provided if home and school encourage personality development and social relationships, and if business and industry, government, and voluntary community groups provide maximum opportunities for people to work together in a common cause.

5. The fifth component has to do with the role of strong, democratic leadership and intelligent loyalty. As our world becomes more and more complex, trustworthy, competent, democratic leaders become increasingly necessary. Otherwise we get mass anxiety, then mass hatred, and finally mass conflict and war. We shall probably never be able to induce enough of the people to think enough, enough of the time to bring about a total understanding of the complex social processes that comprise the social life of peoples. But we do have to have enough strong-minded, strong-hearted leaders who know the score, who see life whole, who see the relation of part to part, and who in a spirit of high devotion to the cause of creating good for all men carry on as leaders in government, in industry, in labor, in church, in education, in the sciences, in art, and in all other significant human endeavor. Leaders shall have to see clearly and straightly through all the morass of human complexity which comprises our modern world. They shall have to care mightily for the individual and social well-being of people, and they shall have to be good teachers so that their leadership is as democratic as possible, so that men can follow much of the way on a basis of insight and understanding and then be prepared to follow the rest of the way on a basis of proven trustworthiness.

One of the secrets of a healthy society, nationally and internationally,

is the selection and training of potential leaders in all professions and major fields of activity. Such leaders must have an understanding of individuals and groups and of the history and heritage of different nations. They must have mature personalities, enough dissatisfaction with the status quo to call forth aggressive, constructive effort, and enough social concern and devotion to hold them to their course while a healthier society is slowly but surely constructed. They need thorough grounding in the knowledge of human motivation, and their training must include understanding of the findings of psychiatry and the other social sciences.

It seems likely from all this that the doctor of the future will, in reality, have to be a doctor, that is, a teacher. Social health cannot be promoted by distributing pills or by administering shock therapies which the patient cannot understand. Social health can be developed only by the promotion of understanding, supplemented by trust in intelligent leadership. If doctors are going to contribute to social health as well as to individual physical health, they shall have to be concerned with *society* as the patient, and help people to discover that they can, by understanding and united effort, change some of the cultural patterns which have been causing societal illness and individual frustration. Doctors may one day find that they cannot cure any one of their patients unless they also strive to cure all the patients acting together as a society.

THE ROLE OF THE CHAPLAIN IN PATIENT RELATIONSHIPS: CARE OF THE CRITICALLY ILL

THE REV. JOSEPH W. KNOWLES

Chaplain, Central State Hospital, Lakeland, Kentucky

THE ministry to the critically ill is a duty performed by chaplains of all faith groups—Jewish, Protestant, and Catholic. This paper represents an attempt to offer suggestions which may be of value to chaplains in each faith group. Although the paper includes the ministry to the critically ill, its main intent is to treat the ministry to the dying. Because of the large population of aged patients in most state mental hospitals, pastoral care of the critically ill frequently becomes synonymous with care of the dying.

The rationale of such a ministry lies in at least two basic presuppositions of the chaplain as to the experience of death. In the first place, death is felt to be pre-eminently a spiritual experience for the person who is aware of approaching death. Death is a supreme crisis in which the worth of one's personal values is tested. Each person's life is guided and enriched by worthy goals, ambitions, and ideals. During a critical illness one may come to evaluate the worth of his "actual" values in terms of his "acquired" values, i.e., in terms of those mediated by the church and regarded as supreme. One's "actual" values, when thus examined, may be seen as essentially materialistic, infantile, and inadequate.

Not only the worth of one's personal values but also the degree of realization of one's personal goals becomes manifest to some. No person fully achieves his ideal objectives in life, and, especially when death threatens, feelings of having "fallen short" may be present. This poses a special problem for the mentally ill person, for many cases of mental illness seem to have been precipitated by a "sense of failure" with respect to the adequacy and/or achievement of ideal ends or goals. Such feelings of failure bear the bitter fruit of guilt and apathy. Can it not be that critical illness and approaching death serve to intensify guilt already present? For many, the experience definitely contributes to a sense of further deprivation which seems to underscore existing feelings of self-pity, apathy, resentment, and isolation.

Again, death has spiritual implications in that it is an adventure into the mysterious and unknown realm. For some patients, particularly for

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those who harbor a concept of God as a God of wrath and judgment, this adventure holds fear and dread. For many others death is welcomed as an escape from suffering. Many patients verbalize to the chaplain their wish to die and state that only their belief in God and a future life detains them from suicide. A few patients find their religious resources adequate as they confront death. For them death becomes a spiritual "pilgrimage" inspired by a faith which quests for a "city which hath foundations, whose builder and maker is God."

A second basic presupposition of the chaplain, as he ministers to the critically ill, is that death as a spiritual experience requires the ministry of a representative of that which is spiritual. Although Christian and Jewish physicians who minister to the physical body are not excluded from ministering to the spiritual needs of their patients, the chaplain, whose role symbolizes the spiritual, is best equipped to utilize spiritual resources adequate for the crisis. The chaplain represents faith and trust in the Eternal God to whom one can commit his life and in such a comital rest securely in the Everlasting Arms. In approaching death, human resources seem terribly inadequate. There is a strong need to depend on the "One greater and mightier than I." The chaplain can mediate the experience of the sufficiency of God's grace and strength during this crucial time.

The chaplain represents, too, a "reasonable" hope that spiritual values transcend death. The Scriptures assert and rational thinking intimates that personality values are not violated by death. Furthermore, the chaplain has at his command spiritual resources with which to help the dying one to gain a sense of victory in the experience of death itself. He has his own unique role, his pastoral relationship, and formal aids, such as prayer, the Scriptures, and Holy Communion. Since only the chaplain can uniquely fulfill this ministry, the critically ill and dying have a priority upon his time. He has many primary and secondary functions, but his first duty belongs to those who "walk through the valley of the shadow."

It will not be denied that the chaplain performs this unique function, but questions do arise as to his goals. There seem to be at least three overall goals. With the critically ill, he will seek to strengthen the will to live, if there is a hope of recovery. Because of the presence of negative forces—self-condemnation, self-pity, futility, fear, anxiety, and resentments—the patient may actually wish to die. One goal will be to deal with that which obstructs the desire to live so that the patient may count life a blessing instead of a curse.

Two other goals seem to inhere in the rationale for his ministry. One is to help the person who faces death to accept the experience of death, and the other is to help make real the hope of life to come. Though death is a universal experience, an individual finds it difficult to feature death as applying to himself. In most patients, the will to live resists acceptance of this fact. The chaplain who is honest and accepts the fact

of death with his patient may help the patient to become more accepting.

D. Elton Trueblood, in his book, *The Common Ventures of Life*, offers two helpful suggestions. Acceptance of death will be facilitated if the chaplain can "glorify it." "We can put the experience in words which express it nobly and place it in a frame which dignifies it." But more important is realization of faith that trusts God. This, Trueblood believes, is more important than faith in a future life.

Yet, in addition to helping to gain mastery over the fear of death, it seems that the chaplain can also transmit faith and hope of life beyond death. The chaplain embodies a confident expectation that, though a man "loses his life," yet he shall find it again through his surrender to One who gives life though a man may die.

However, the goals described are ideal goals and need qualification. Especially the Protestant chaplain cannot impose his goals upon a person who does not wish his ministry. Likewise, his goals will be adapted in terms of the religious background of the patient. The chaplain would evidently be inconsistent with his own convictions if he sought to assure a non-religious patient of eternal life. Furthermore, one's goals may be influenced by the condition of the patient. Only a brief prayer of faith and commitment may be indicated with the person who is at the very brink of death.

It should be noted that goals include also the family of the patient and, indirectly, other patients on the ward. The family of the patient actually may manifest greater concern than the patient. Frequently, relatives experience guilt because they feel they have neglected the patient and allowed the State Hospital to assume responsibility. They may feel that they have caused the person's illness or that the person's illness has caused them loss of social status in the community. The head nurse should be advised to inform the chaplain of the arrival of relatives so that he may minister to them also.

The chaplain finds, too, that the other patients on the ward are made more secure by a ministry to a fellow patient who is dying. There must be a great fear of having to die alone without the presence of someone who cares.

The problem arises as to methods of implementing the above goals. Certain preparatory procedures are needed. These include a dependable system of referrals, a knowledge of the patient, and the chaplain's own spiritual preparation.

A dependable system of referrals prevents the chaplain from arriving too late or not at all. Each chaplain will work out his own machinery of referrals with persons in authority. In some hospitals the switchboard operator notifies the chaplain at the same time that she notifies the relatives of the critical condition of a patient. In other instances, the head

nurse or ward physician calls in the chaplain. If the critically ill are placed in special hospital wards, the chaplain who visits these wards daily has a first-hand acquaintance with those expected to die.

In large hospitals it is difficult to know all the patients, especially if the chaplain's term of service has been of short duration. A knowledge of the patient is desirable in order to orient the chaplain for understanding unique problems of the patient and to help him to relate to the patient. Sometimes the hospital records are his principal source of information. Physicians or nurses can supply data. However, the best preparation comes from a previous pastoral relationship to the patient. Some chaplains conduct brief yet consistent monthly services on aged and infirm wards. In these services hymns, Scripture, and prayer are utilized. These services are followed by a personal word of greeting to each person. Through such ward visits the chaplain comes to know his people, and they come to "know his voice."

Not only does the chaplain need to orient himself to the gravity of the problems of the critically ill person, but he also needs to prepare his own spirit for this ministry. Though he is a busy person, it is well that he cease his labors a while before he enters the sick room, that he quiet his own spirit, and that he fortify himself with the confidence and comfort of the Scriptures, prayer, and quiet meditation.

Having thus prepared himself, he will follow one of three types of approach as he visits the sick room. The approach he uses will determine his method of procedure. The sacramental approach is one type of ministry. Here the methods and materials used are prescribed by the church. The Roman Catholic chaplain uses this approach exclusively. His ministry consists of administering the Holy Viaticum, anointing or administering Extreme Unction, pronouncing the last blessing, and offering prayers for the dying until death occurs. Persons conditioned to receive this ministry receive great benefit. Several instances of healing are reported in connection with this ministry. When chaplains from non-Catholic churches which hold a sacramental view of communion and unction use these two resources, their ministry falls within the sacramental method.

Another variation is the formal approach used by Jewish and some Protestant chaplains. A formal order of written prayers and scriptures contained in the prayer book is employed. However, many Protestant ministers tend toward a more informal and extemporaneous ministry. This type of ministry needs special consideration. Here the chaplain does not follow an established order, and, unless his approach has been well planned, there is a danger of using haphazard methods that are inappropriate to the situation.

The pastoral relationship is of cardinal importance in the informal approach. The chaplain will structure a highly empathetic and supportive relationship. He seeks to feel with the person the gravity of the situation. Although he himself does not experience the patient's sense of self-pity,

fear, and futility, he seeks to bring to the patient a relationship which incarnates the attitudes of deep understanding, quiet confidence, hopefulness, and inner strength. It is only in the matrix of this kind of nonverbal relationship that his verbal assurances have effect. In such a relationship a way is made for confession of sin, and the sense of God's forgiveness is mediated. If confession is indicated, it should precede verbal assurances.

The pastoral relationship can be further implemented by use of prayer and Scriptures. Each prayer should vocalize for the patient his own articulate or inarticulate needs. Themes that often occur will be God's providential care, God's forgiveness, God's redemption, and the assurance of the life eternal. Scriptures that are familiar to the patient also convey assurances. Frequent use can be made of passages such as the Twenty-third Psalm, the Forty-sixth Psalm, The Lord's Prayer, and parts of the fourteenth chapter of John. The patient who is only partly conscious may be able to grasp the import of such very familiar passages.

With patients who are oriented and fully conscious, some chaplains follow Bonnell's practice of using Scriptures as prescriptions. Appropriate verses are left with the patient, either in printed form or written by the chaplain on a slip of paper. Two books—*Comfort Ye My People* by Russell Dicks and *The Bible in Pastoral Care* by Wayne E. Oates—will be of assistance in choosing appropriate scriptures.

With patients who are disoriented and seemingly unconscious special difficulties are faced, and some patients may linger several days in this condition. They may be disoriented because of their physical illness, or they may be disoriented, delirious, or unconscious because of toxic factors during terminal stages of physiological decline. It is difficult to determine how well this type of patient is able to comprehend who the chaplain is and what he says. However, some persons who seem to be unconscious may possess awareness. Such a patient may not be able to communicate to the chaplain but can understand in part what he says. Brief supportive Scripture and prayer may well be used in such a case.

One final matter should be mentioned. Visits should be brief, the length being determined by the strength and condition of the patient. With one who is only partially conscious, perhaps a three minute's visit will suffice, while the patient with full awareness may require a visit of from five to ten minutes. Though visits are brief, they should be repeated, for one visit does not necessarily discharge the chaplain's responsibility to the critically ill and dying.

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EDITORIAL

Dr. Lowe's Contribution

It is our good fortune from time to time to get a piece of work which has the rare (and creative) quality of suggesting and stimulating further labor. Professor Lowe's paper in this number of the *Journal* falls into that class. Editorially we regard it as a "Note" of the kind which serious journals exist to publish, as a contribution to the never ending task of learning more about ourselves and our world. The relation of religion to the dynamic psychologies (not only to psychoanalysis) is only just beginning to be adequately explored. We are face to face thus far with no final estimates, either of religion from a depth point of view or of depth insights and therapies from a religious standpoint. In interpreting them to each other we might repeat F. D. Maurice's opinion that as yet this is "a time to dig, not to build."

For example, with how much realism or objectivity does Freud speak of religion as a "public neurosis" and Fromm of a neurosis as a "private religion"? Would an empirical and "clinical" account of religion in the experience of people today support the idea that it is not mature, as Overstreet supposes? (It is probably high time somebody competent to do so checked and re-worked Leuba's findings about religious belief of a quarter-century ago.) Why should some of us not begin, in all loyalty to high standards of investigation and theoretical analysis, to try testing out the opinion of observers like the Dutch analyst Rümke that *unbelief* (not belief) shows arrested development. (In his *Psychology of Unbelief* Rümke describes how psychoanalytic methods in a therapy situation have liberated *repressed belief*!)

A professional periodical such as this *Journal* should be trying unceasingly to stimulate research and "re-thinking" about theology and ethics in relation to the therapies and other disciplines with which pastoral care

is cognate. That is why we are making this comment on Professor Lowe's provocative *Note*. Recently the *New England Journal of Medicine* urged pastors to "keep in mind that all current psychiatric theories are not necessarily divine revelations," and (as far as psychoanalysis is concerned) it further adds that, as we all understand at a deep level of religious insight, "psychiatry and the Church might weigh the possibility that today man's first and most powerful enemy is not sex but his own egotism, his own individualistic self-interest, not yet enlightened enough to guarantee his survival on earth."

J. F. F.

BOOK REVIEWS AND NOTICES

EDITED BY THE REV. ROLLIN J. FAIRBANKS

A Correction

In Volume 6, Number 4, of this *Journal*, we carried a review of a mimeographed, paper-bound volume by Reuel L. Howe, entitled **Man's Need and God's Answer**. We are advised by the publisher, The Seabury Press of Greenwich, Connecticut, that this mimeographed edition was not designed for general distribution and that the book, which may be considerably different from the preliminary publication, will not be ready before late fall of this year. The price will be either \$2.50 or \$3.00. It will be reviewed upon publication.

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The Communication of the Gospel: David H. C. Read; SCM Press Ltd., London W.C. 1, England, 1952. 96 pp. \$1.05.

The five Warrack Lectures for 1951 have been assembled in this small but extremely significant volume and dedicated to the parish minister. The author's goal is to assist in "the bridging of that expanding gulf between the thought and language of the inner Church and those of the contemporary world."

This assignment has been carried out realistically, constructively, and courageously. Pointing out that "every creative encounter in society involves the mysterious trinity of thought, expression and communication," Dr. Read (who is Chaplain to the University of Edinburgh) acknowledges that these three functions of the human mind are "suffering a general breakdown," particularly communication. Unlike the artist (who also is handicapped by the failure of communication but who can continue some kind of existence within his own sphere), the clergyman finds this threatened isolation intolerable. His whole *raison d'être* is to communicate.

Two misconceptions impede our solution of this growing barrier. The first is that "communication is largely a matter of technique." The author sees in this argument a reflection of the activism of an era of economic expansion. Inherent in it is the danger (particularly for the Church) of a changing emphasis from the objective truth of the Gospel to its pragmatic value for society.

The second impediment to solving the break-down of communication is equally serious. It is the assumption that the failure to make the Gospel meaningful is due to "obduracy, hardness of heart." It is reflected in the spirit of "the public be damned." It results in a form of resignation and a denunciation of all human effort to mediate the Gospel to our world.

The author courageously and astutely identifies and analyzes the "Pressures of Our Era." He is realistic without becoming completely pessimistic. His awareness of the mind and heart of the non-cleric is extraordinary and re-

freshing. Never does he waver, however, in his conviction as to the imperative reality of the Christian faith. In fact it is his deep and wise concern that drives him forward in his mission to "open the eyes" of his fellow ministers so that they may "see" the futility and sterility of their noble efforts to make Christianity *real* to their contemporaries.

The tragedy and—in a sense—the farce of the Church's struggle to keep aloof from the world is bravely set forth in Chapter III. As Dr. Read has put it "And so the impression grows that the Church stands over against society, untouched by its agonies, immaculate in its irrelevant ideals."

The need or the demand is that Christian clergymen must break out of their ecclesiastical orbits and penetrate other constellations of people. As Reuel Howe has so effectively and dramatically stated it, "The theological student should be plunged into the sea of life and brought up dripping and gasping." This growing concern that the clergyman today not only be *in* the world but also be aware of what is *going on* in the world has given great impetus to the clinical pastoral training movement.

In this era of "salvation through counseling" it is good to have our preoccupation with means deliberately jarred by a question as to ultimate purpose. A close relationship to the people about us inevitably precipitates the important question as to the *goal* of Christianity. If every layman could read this book and then persuade his pastor "to go . . . and do likewise," something of tremendous significance might take place within organized Christendom.

ROLLIN J. FAIRBANKS

•

Protestant Thought in the Twentieth Century: Edited by Arnold S. Nash, Macmillan, New York, 1951. 296 pp. \$3.75.

This is a comprehensive survey of the development of Protestant thinking in the last fifty years and of the problems which it now faces in the several fields of Christian thought. It is necessary to list the table of contents in order to give some idea of the broad coverage presented: "America at the End of the Protestant Era" by Arnold S. Nash; "The Study of the Old Testament" by G. Ernest Wright; "The Study of the New Testament" by Floyd V. Filson; "The Philosophy of Religion" by George F. Thomas; "Systematic Theology" by Walter M. Horton; "Christian Ethics" by Waldo Beach and John C. Bennett; "Church History" by Seward Hiltner; "Preaching" by Charles W. Gilkey; "Christian Education" by H. Shelton Smith; "Reunion and the Ecumenical Movement" by Henry S. Leiper; and "Christianity and Other Religions" by John A. Mackay.

The book is so diverse and specialized in its various fields that general observations can hardly be made and space precludes detailed criticism. However, as Arnold Nash states in the Introduction, this survey indicates "a surprising consensus of opinion as Protestantism faces the future." Almost all the authors reflect the general shift from liberalism in theology to the new concern for a theology of revelation and of the Church.

Readers of this *Journal* might be especially interested in Hiltner's chapter. He points out that at the beginning of the century, the older Protestant

churches (which were the only ones seriously concerned with the pastoral field) dealt mainly with the theoretical and formal aspects or with "humanitarian anecdotalism." In the past half century four areas have contributed to the development of modern pastoral theology: the psychology of religion, progressive and religious education, psychoanalysis and the therapeutic professions, and the theological movements of the social gospel and the new orthodoxy. The most important practical movement in the development of modern pastoral theology has been clinical pastoral training which was initiated in 1924. This movement began with an emphasis on understanding the parishioner through the dynamics of the life history. To this was added a concern for the methodology of the pastor-parishioner relationship. The most recent emphasis has been on the attitude and approach of the pastor. Besides the permanent interest in the psychological side of the pastoral task, there has arisen a new pastoral theology mainly because the psychological disciplines have become an avenue for the better understanding and assimilation of the faith itself.

OWEN C. THOMAS

•

Types of Religious Experience Christian and Non-Christian: Joachim Wach; University of Chicago Press, Chicago, 1951. 275 pp. \$3.50.

Can non-Christian religions make a contribution toward the enrichment of the Christian religion? The author of this truly scholarly and erudite book takes a close look into the religious experience as found in non-Christian religions and arrives at an affirmative answer. To the non-theologian it is somewhat surprising that the debate of this question is still continuing.

In elucidating the problem as it presents itself to the religious historian and to the theologian, the author argues in favor of a constructive theology and away from too narrow an approach. He emphasizes the need for a distinction between religious experience which tends toward universals and which he finds in all religions, and religious expression. The former he considers as the subject matter of the religious historian, the latter as that of the theologian. The role of the historian is to give an inventory of the varieties of religious experience, while the theologian formulates and revises "Christian apprehension of divine truth." The author undertakes both of these tasks with admirable insight. While he rejects a new world faith which may stem from an "inadequate apprehension of the Christian truth," his scrutinizing examination of Eastern religions leads him to a grasp of the "essence of all religion" and he points out that "it would be a grave error for the Christian theologian or even the interested layman to neglect the potential significance of classical forms of alien religions."

The idea which runs through the entire volume is to bring about a synthesis of religion and contemporary living. At the same time the author is dedicated to the promulgation and renewal of personal faith. The author quotes Wenger's "warning of one-sidedness of all who detach religion from its broader context in life" and adds that "religious experience is practical, . . . it involves an imperative, a commitment which impels man to act. . . . It is an awareness of power and fraternal spirit of its members." The reader would conclude from these statements that the theologian has also a responsibility for the

promulgation of social values by which revealed truth may become functionally significant and directed toward conditions in social living which are not in accordance with revealed truth.

WARNER L. LOWE

•

The Philosophy of Psychiatry: Harold Palmer, M.D.; Philosophical Library, New York, 1952. 70 pp. \$2.75.

As an attempt "to contribute towards the establishment of a theory and practice of psychiatry" which would be "communicable to other scholars" this little essay is only barely able to live up to its professed purpose. It is on the whole clearly written but in no degree original; it tends, indeed, to be truistic.

First asserting the validity of such concepts as mind, self, self-awareness, knowledge, memory, communication, introspection, symbols and meaning, and the like, Dr. Palmer then proceeds to list some primary and secondary entities. In the first class are all the concepts, again, which he set out to begin with! In the second class are personality, character, morale, the group and "containing society"—which are fairly obviously constructs from the previously asserted concepts. Then he offers a scheme of *clinical* entities, which are: organic syndromes, psychopathic personalities, neuroses, psychoses, psychosomatic syndromes, congenital mental defect, and "miscellaneous" (which are actually borderline cases refusing to fit into his typology).

The author's major point, in this reviewer's opinion, is that psychiatry does not come to grips with the full meaning of the terms "mind" and "self" even though it uses them freely. The point seems well taken, and the answer not too hard to find. It is that psychiatric medicine for the most part seeks to maintain its scientific character, and avoids all such *coherent* questions as mind and self. These are religious categories!

JOSEPH FLETCHER

•

Religion Makes Sense: Randolph Crump Miller; Wilcox and Follett, Chicago, 1950. 308 pp. \$3.00.

In his preface the author states that he offers this volume to "Church members who believe that 'religion makes sense.'" He adds that the book is "a rather casual and informal way to approach the forbidding subject of theology . . ." At best, one can say that the writing proves to be casual and informal if not too well organized. There is a lack of unity and relatedness in the presentation of the material which admittedly deals with subject matter of profound comprehensiveness—*theology*. Perhaps Dr. Miller found himself in the position of the child met by St. Augustine at the seashore, and tried to scoop up the "ocean" of theology and put it into one volume. While admiring his courage, this reviewer wishes the author had been more selective, or that he might have made this presentation in the form of a trilogy. For many parish clergy the book will prove interesting. It should have even greater appeal for laymen, especially as a textbook for discussion groups.

HENRY H. WIESBAUER

The Bible for Boys and Girls: Philosophical Library, New York, 1953. 576 pp. \$3.50

A pocket-size compendium of "selected passages from the Authorized Version for use in school and home," this attractively printed book will serve as an excellent textbook for Bible courses and as a reference book for the personal libraries of young people. It is profusely illustrated with colored pictures as well as maps and is supplemented with two useful appendices, one a glossary and the other an index to indicate where the Books and Chapters of the Bible are to be found within this text.

ROLLIN J. FAIRBANKS

•
Supervision of Group Work and Recreation: Hedley S. Dimock and Harleigh B. Trecker; Association Press, 1951. 280 pp. \$4.50 .

The authors conclude their Preface to this volume by saying that it was a decade in the "borning." This is not difficult to believe. They have written a veritable encyclopedia of theory, interpretation, and recording, dealing with the subject matter in ways that are stimulating, depressing and yet challenging: stimulating in that one gets vivid pictures of the effective power real supervision is and can be; depressing in that interesting tables included in several chapters show the canyon between theory and practices of our time; challenging because the authors are men of faith and are able to communicate something of their faith through the printed word. They prepare the reader for their book in sentence one, page one, "Underlying this volume is the twofold belief that the agencies of informal education and recreation are on the threshold of a highly formative period of development, and that supervision should take the leading role in shaping the changes that are to come." The book documents and confirms their belief.

The chapters on supervisory conference, evaluation of program, and the role of the supervisor in group work, are outstanding. Supervision is considered not only with regard to professional staff members, but the treatment of recruitment, training and supervision of volunteers is considered with equal thoroughness. The illustrations included in "Records and Their Use in Supervision" come from varied settings and are convincing. Provocative questions follow each record. Theological students and professors might find this material of real interest.

The book admittedly contains considerable jargon. The parish parson may find this objectionable. Real study of this volume, however, will repay its reading by any person who ministers to and with people—individually and in groups. Each chapter is followed by a selective bibliography drawn from the fields of case work, group work, educational psychology, and religious education.

HENRY H. WIESBAUER

•
Alcohol, Culture, and Society: Clarence H. Patrick; Duke University Press, Durham, N.C., 1952. 176 pp. \$3.00.

This is an unbiased and readable little book which approaches the "alcohol problem" from the social and cultural point of view. The author

(who is Professor of Sociology at Wake Forest College) writes from the position that "all drinking, both moderate and excessive, is mainly a matter of customs and traditions of groups and societies" and succeeds in documenting this thesis quite effectively. His discussion of the principles of social control of manufacture, sale and consumption of alcoholic beverages seems very sound (albeit in the present state of affairs, idealistic) and includes such features as the elimination of all liquor advertising and excessive (over 5 or 6 per cent) profit by the alcoholic beverage industry and the institution of the principle of graduated taxation of beverages according to alcoholic content. There are interesting chapters on drinking customs, the effect of alcohol on the individual and on society. The problems involved in the treatment of the individual alcohol addict are not pin-pointed but this topic can scarcely be expected to fall within the scope of such a book.

ROBERT FLEMING, M.D.

OUR REVIEWERS

Rollin J. Fairbanks is Lecturer in Practical Theology at Harvard Divinity School and an Associate Editor of our *Journal*; beginning July 1 he will be Professor of Pastoral Theology at the Episcopal Theological School in Cambridge, Massachusetts . . . *Owen C. Thomas* is an instructor in theology at the Episcopal Theological School in Cambridge . . . *Warner L. Lowe* is Professor of Psychology at the University of Denver, Colorado . . . *Joseph Fletcher* is Professor of Christian Ethics at the Episcopal Theological School in Cambridge . . . *Henry H. Wiesbauer* is minister-in-charge of the Church of the Epiphany in Dorchester, Massachusetts, and was formerly Director of the Pastoral Counseling Center at St. Paul's Cathedral in Boston . . . *Robert Fleming* is a psychiatrist on the staff of the Humanities Department of Harvard University.

NOTES AND COMMENTS

A Conference on Pastoral Care was held at Bossey, Switzerland, April 7-14, by the Ecumenical Institute, which is under the auspices of the World Council of Churches. Pastors, professors of practical theology, psychotherapists, and educators took part in the program. Subjects discussed included "The Theological and Priestly Foundation of Pastoral Care," "Pastoral Care as a Ministry of the Gospel," "Pastoral Care as a Special Field of Human Contact and Healing," "The Crisis of Pastoral Care Today," "Psychotherapy and Pastoral Care in the Light of the Conception of Man Inherent in Psychotherapy and of the Positive Contribution That Psychotherapy Can Make to Pastoral Care," and "The Achievements and Needs in the Field of Training Theological Students for Pastoral Care."

Robert A. Preston has returned to the chaplaincy of the Winter Veterans Administration Hospital, Topeka, Kansas, after a tour of duty with the Armed Services.

Bradley Buell, Executive Director of Community Research Associates and author of *Community Planning for Human Services*, has announced that his organization will undertake a four-year study of the problems of family disintegration. The Louis W. and Maud Hill Family Foundation has allocated \$200,000 to carry out the project, which will attempt to find answers to these important questions: Why do some families fail so miserably that their problems require the major part of our health and welfare dollars and services? Are there dis-

tinct clues and patterns in their failures? Can such family disorganization be prevented so that these patterns will not be handed on to the next generation? And if so, how?

Standards for Chaplaincy Service in Institutions, a 16-page booklet prepared by the Commission on Ministry in Institutions of the Federal Council of the Churches of Christ in America, 297 Fourth Avenue, New York 10, New York, is available to interested persons. Price, 10 cents.

The General Service Foundation has made available two forms of assistance for securing clinical pastoral training. The Department of Pastoral Services of the National Council of the Churches of Christ in the U.S.A. processes applications for these scholarships and, with the help of its Advisory Committee, guides prospective students in selecting training centers and in planning their programs, and helps in presenting applications for accreditation by the various agencies that certify candidates in the various categories of institutional ministry and clinical pastoral training. For further information write to the Department of Pastoral Services, The National Council of the Churches of Christ in the U.S.A., 297 Fourth Avenue, New York 10, New York.

The Friends Conference on Religion and Psychology welcomes new memberships from persons interested in the study of the nature and laws of our spiritual life. The Conference is associated with the American Friends Fellowship Council. Further informa-

tion may be obtained by writing to 20 South 12th Street, Philadelphia 7, Pennsylvania.

Copies of "Clinical Pastoral Training Opportunities in 1953," prepared by the Department of Pastoral Services of the National Council of the Churches of Christ in the U.S.A., 297 Fourth Avenue, New York 10, New York, are available upon request to theological students, parish ministers, and others who wish to increase their skill in pastoral work and counseling.

The Church and Group Life, A Laboratory on the Theory and Use of Christian Group Dynamics, will be conducted by the Department of Christian Education of the National Council of the Protestant Episcopal Church, at Seabury-Western Theological Seminary, Evanston, Illinois, August 23-September 4, 1953. Any Episcopal clergyman may apply; forty will be selected as full-time members of the Laboratory. Application should be made to The Department of Christian Education, Tucker House, 28 Hayemeyer Place, Greenwich, Connecticut.

Aging, issued bi-monthly by the Federal Security Agency, Washington 25, D.C., is a medium for sharing information among agencies and organizations in the field, their staffs and board members, and other interested indi-

viduals. The subscription price is 50 cents per year.

The Reverend John A. Whitesel, Ph.D., is Coordinating Chaplain of the Council of Churches of Syracuse and Onondaga County, Inc., Syracuse, New York. In this capacity he serves as Supervisor of Institutional Ministries in the City and County and as Protestant Chaplain in the County Children's Court. In our last issue we erroneously stated that the Reverend Whitesel was chaplain at the Syracuse State Hospital.

The Open-Church Association (58 Middle Street, Gloucester, Massachusetts) promotes the practice of keeping churches open for individuals seeking spiritual help for personal problems. Financial assistance is available for parish ministers who wish to add books on pastoral care to their personal libraries. In order to qualify the applicant's church must first be registered with the Association as an "Open Church."

There are several appointments available in Michigan for institutional chaplains. Some appointments provide training status only while others are for bona fide full-time chaplaincies. Inquiries should be directed to the Rev. Malcolm B. Ballinger, Michigan Society for Pastoral Care, University Hospital, Ann Arbor, Michigan.